CITY COUNCIL
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TRANSCRIPT OF THE MINUTES

Of the

COMMITTEE ON GENERAL WELFARE JOINTLY WITH COMMITTEEE ON MENTAL HEALTH, DISABILITIES AND ADDICTIONS
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HELD AT: 250 Broadway–Committee Rm, 16th Fl.

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A P P E A R A N C E S (CONTINUED)

Gary Belkin
Executive Deputy Commissioner of the Division of Mental Hygiene at the New York City Department of Health and Mental Hygiene

Steven Banks
Commissioner of the New York City Human Resources Administration/Department of Social Services, HRA

Hillary Kunins
Assistant Commissioner of the Bureau of Alcohol And Drug Use

Catherine Trapani
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Dr. Andrea Littleton
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Giselle Routhier
Policy Director at the Coalition for the Homeless

Josh Goldfein
Staff Attorney at the Legal Aid Society

Jody Rudin
Chief Operating Officer from Project Renewal

Jasmine Budnella
Policy Analyst from VOCAL-NY

Jordan Rosenthal
Advocacy Coordinator at BOOM Health

A P P E A R A N C E S (CONTINUE)

Kassandra Frederique
New York State Director at the Drug Policy Alliance

[gavel]

CHAIRPERSON LEVIN: Good afternoon everybody. So, thank you for your patience we're waiting for the feed to go up into the cafeteria which is… there… we have people for the hearing who are in overflow so, hopefully that'll be up and running in a moment. My name is Steve Levin, I'm Chair of the Committee on General Welfare and today I am joined by my colleague, Diana Ayala, Chair of the Committee on Mental Health, Disabilities and Addiction and this is her first hearing that she is Chairing as a Council Member so, congratulations… [cross-talk]

COUNCIL MEMBER AYALA: Thank you… [cross-talk]

CHAIRPERSON LEVIN: …to Council Member Ayala and we look forward to working closely together on this very important issue. I want to thank you all for coming today to this important hearing on the opioid epidemic and opioid overdoses among New York City's homeless population. While the opioid epidemic impacts people from every race, gender and socioeconomic status it's effects are felt in uniquely harmful ways by people who are experiencing

homelessness. Evidence indicates that substance use disorders know… are known risk factors for homelessness and data clearly shows that substance abuse and overdose disproportionately impact homeless individuals. The New York City Department of Health and Mental Hygiene, DOHMH issues an annual report on homeless deaths. The report defines a homeless person as quote, "a person who at the time of death did not have a known street address of a private residence at which he or she was known or reasonably believed to have resided" this includes individuals living in shelters, those living unsheltered on the street or in other public spaces and those who are doubled up or staying with loved ones. According to the most recent DOHMH report the leading cause of death in FY '17 was drug use among homeless individuals totaling 103 deaths which accounted for more than one third of all homeless deaths. The sheltered homeless population made up 37 percent of drug related deaths while the non-sheltered homeless population made up 29 percent. The overall number of 103 deaths related to drug use increased by 69 percent compared to the 61 deaths in FY '16 so, year over year from FY '16 to '17 an increase of 69 percent. Further 86 of the drug

related deaths in FY ’17 result, resulted from overdoses as compared to 51 deaths in FY ’16, the remaining 17 were from chronic drug use so the vast… the, the large majority 86 compared to 17 were, were due to overdose instead of… as, as opposed to, to chronic drug use. In addition, according to the preliminary Fiscal ’18 Mayor’s Management Report 18 overdose incidents occurred in the homeless shelter system in the first four months of FY ’18 compared to 12 drug overdoses during that same period in FY ’17, that’s… as reported last week in the MMR there was an article in the Daily News that spoke to that. This means that the number of overdoses incidents in the city’s homeless shelter dramatically increased by 575 percent during that period. I think that bears repeating, the number of overdoses in our New York City shelter system for the first four months of FY ’18, which is July to November of… or July, July to October of, of last year compared to the year before that same period increased by 575 percent. In that same four-month period that, that overdose incidents spiked so did the use of Naloxone by shelter staff more than doubling from 39 to 86 incidents. These statistics are alarming, and they will only get worse

if the city does not do more now to address this crisis. The city has expanded its efforts to respond to the opioid epidemic over the past two years including training to administer Naloxone otherwise known as Narcan, a drug that can reverse the effects of an opioid overdose and prevent death. Local Law 225 of 2017 requires training for certain staff working in DHS shelters and HRA… HIV/AIDS Service Administration facility or otherwise known as HASA in administering Naloxone to individuals who have overdosed on opioids. Local Law 225 also requires those facilities to have at least one trained staff on duty at all times. The law also requires the agencies to develop and implement a plan to offer training to residents of HASA facilities and DHS shelters who may encounter person's experiencing or who are at a high risk of experiencing an opioid overdose. In 2016 DHS trained its shelter providers Naloxone administration with the goal of ensuring 24/7 coverage and reducing overdoses. DHS announced that it will distribute 6,500 kits in city shelters and will continue training its shelter providers in Naloxone administration. At today's hearing the Committee on General Welfare is interested in

learning what efforts are currently in place to address the opioid crisis within the shelter system and will examine the effectiveness of these measures. The community will also explore what improvements can be made to ensure that both sheltered and unsheltered individuals have access, have better access to needed services and remain safe from harm as well as what type of outreach is being done to educate people about the dangers associated with opioids and treatment options available. In addition, I am particularly interested in learning what the city is doing to provide medically assisted treatment otherwise known as MAT such as Buprenorphine which is considered the gold standard in substance abuse care. According to experts in the field expanding access to Buprenorphine is integral to fighting the opioid crisis. I'm also interested to learn about the city's position on establishing safe injection facilities otherwise known as SIFs which advocate… which advocates are strongly supportive nationwide and as you probably know there was a, a, a… an editorial in, in… just this week in the New York Times advocating for greater access to SIFs. SIFs have been in existence for 30 years and have proven… a, a proven

record in reducing overdoses and helping those start the road to recovery from opioid addiction. In 2016 the New York City Council allocated 100,000 dollars for DOHMH to conduct a feasibility study on SIFs and the committees would like to know what this report says and when it will be issued, we have a full expectation this would be issued with all deliberate speed and we, we hope to get an update on that at today's hearing. Before I turn it over to my colleague I just want to say that opioids and opioid addiction ruin lives, there are those that find themselves in the increasingly difficult and difficult to control and, and often hopeless situation of, of becoming increasingly addicted to opioids and those that are around them, their loved ones, friends and family share a similar sense of hopelessness and helplessness and people are dying. There is just in recent years obviously an uptick in the presence of Fentanyl that is largely cut into heroine that is being dealt and bought and shot up in, in our… in our city and we have to do more when it comes to providing people both those people that are finding themselves homeless and, and those that are not with paths to recovery and there's no single

path, in fact there are bound to be thousands of different paths to recovery, every individual has their own path but the city has the responsibility to make sure… and the government, the state and the federal government has a responsibility to make sure that everybody has… that, that, that is ready to go on that path to recovery has access and when they… when they need it that its right there for them and whether that's through peer advocates helping them along the way, people that have been there before, whether that's access to, to Methadone treatment, whether that's access to Buprenorphine treatment and primary care we have to make sure that everybody at every point along the continuum especially those that find themselves within the shelter system and having points of contact with the city and then in fact we are responsible for those that are living in the shelter system, we have a unique responsibility for that, that everybody has access at every point along the way and you know to, to lose somebody to, to an overdose has a devastating impact on, on those that are… that are left behind and you know increasingly that is impacting more and more families, more and more families are shattered, more and more lives are

shattered, more and more lives are lost unnecessarily and we have to have a collective reckoning as to what we're doing and whether what we're doing is sufficient and frankly, you know cost should never be an issue because we're talking about saving lives. So, with that I'd like to thank the General Welfare Committee staff for their work in preparing for todays hearing; Amita Kilowan [sp?], our Committee Council; Tonya Cyrus, our Policy Analyst; Nameera Nuzhat, our Finance Analyst; Finance Unit Head Dohini Sompura; our Legal Fellow, Ravia Quaseem. I'd also like to thank the staff of the Mental Health Committee. I'd like to acknowledge members of… that are here as well, Council Member Adrienne Adams of Queens, Council Member Barry Grodenchik of Queens, Council Member Andy Cohen of the Bronx, Council Member Mark Gjonaj of the Bronx, Council Member Antonio Reynoso of, of Brooklyn and Queens, Council, Council Member Robert Holden of Queens and, and Council Member Alicka Ampry-Samuels of Brooklyn, that's everybody… and Cabrera's here as well, we'll acknowledge him when he comes in the room. And with that I would like to turn it over… I'd also like to thank members of the administration that are here to

testify and answer our questions, Dr. Belkin and Commissioner Banks and, and all the other officials here from the Department of Health and Mental Hygiene and DSS and with that I'm happy to turn it over to my colleague Diana Ayala, the Chair of the Committee on Mental Health and Substance Abuse to, to have opening remarks as well.

COUNCIL MEMBER AYALA: Thank you. Well good afternoon, I'm Council Member Diana Ayala Chair of the Committee on Mental Health and Disabilities and Addiction. I would like to thank all of you for attending and for giving us your time today. This hearing will focus on steps that the city is taking to mitigate the providence of opioid overdoses within our shelter systems. Although we have tried to confront this crisis by expanding training to administer Naloxone we have seen an extraordinary increase in the number of opioid related deaths in homeless shelters over the last year. If the measure of a society is the way that it treats its most vulnerable citizens, we have a lot of work to do before our aspirations match reality. According to the Center for Disease Control and Prevention approximately 64,000 people died from drug overdoses

in 2016, three fourths of those were caused by opioids and that represents a 21 percent increase from the previous year. These drugs make no distinction between the old, the young, the rich and the poor or any other distinction that you can think of, no matter who you are or where you're from you can get hooked on these drugs and they can you're your life that's the bad news but the good news is that the scale of this crisis presents an opportunity. If the city of New York can turn this around, if we can get a handle on this epidemic then we will send a ripple of hope throughout this state and across this country that's why I'm excited to dive into this hearing and reach a full appreciation of the facts on the ground and will… that will lead us towards the right solution. There are so many people in this room with so much passion for this topic and so much expertise to offer that I know that the day will come. I would like to thank the committee staff, council's Sylvester Yavana, Policy Analyst Michael Kurtz, Finance Analyst Jeanette Merrill and my Legislative Director Bianca Almedina for their work in making this hearing possible. Thank you to the members as well.

CHAIRPERSON LEVIN: Okay, so before we begin testimony Commissioner Banks and Dr. Belkin would you mind raising your right hand please? Do you affirm to tell the truth, the whole truth and nothing but the truth in your testimony before this committee… these committees and to respond honestly to Council Member's questions?

GARY BELKIN: Yes.

CHAIRPERSON LEVIN: Okay, whoever wants to begin.

GARY BELKIN: Okay, thank you I think I'm lead off. Chair Ayala and Levin, I want to thank you both first for your leadership on this issue which has been persistent, long standing, unapologetic, super well informed and very personal and the energy in leadership from the council only helps us and the agency succeed and we… and we appreciate you shining a light on this issue once again. I also want to acknowledge and thank everyone in the room, just glancing over the room we have drug treatment programs, advocates, I think I saw Vocal and drug policy alliance in the house. It needs a really robust community of interest to beat this epidemic and, and we have that. So, good afternoon Chair

Levin, Ayala and members of the committees. I'm Doctor Gary Belkin, the Executive Deputy Commissioner of the Division of Mental Hygiene at the New York City Department of Health and Mental Hygiene. On behalf of Commissioner Bassett, I want to thank you again for the opportunity to testify on the opioid overdose epidemic in New York City. Nationally we are in the midst of an epidemic driven by both prescription and elicit opioids primarily heroine and Fentanyl. In New York City drug overdose is the leading cause of unintentional injury death for all New Yorkers and the leading cause of death among New Yorkers aged 25 to 34. In 2016 there were 1,374 overdose deaths from all drugs in New York City, the highest on record. A New Yorker dies from drug overdose every seven hours in this city, this is more than the number of deaths from homicides, suicides and motor and motor vehicle crashes combined. Opioids were involved in more than 80 percent of all drug overdose deaths in 2016 which the… with the vast majority involving heroine and or Fentanyl. This crisis effects every neighborhood in New York City. The drug overdose death rates are highest in Staten Island and the South Bronx. If the South Bronx were

its own state it would have the sixth highest drug overdose rate in the nation. Certainly, if Staten Island were its own state it would also be in the top ten. The largest numbers of overdose deaths are among Bronx residents followed by Brooklyn residents, so it is everywhere. The overdose epidemic affects all racial groups in New York City, 2016 the rate of opioid overdose deaths was highest among white New Yorkers followed closely by Latino New Yorkers and then black New Yorkers. However sadly death rates among black New Yorkers have increased 85 percent between 2015 and 2016, more than double the rate increased among white and Latino New Yorkers. There's clearly a lot of work to do and a lot of catching up to do. Specific to today's hearing people who are homeless or unstably housed are at particular risk of drug overdose or harms related to drug use. The homeless account for one percent of New York City population but in 2016 they accounted for seven percent of drug overdose deaths and as you'll hear soon from Commissioner Banks drug overdose and as we've heard from the Chair, drug overdose… drug overdose is the leading cause of death among homeless New Yorkers. We found that the stigma associated with

drug use and addiction remains one of the biggest barriers to people seeking help especially for low income communities, particularly those of color that were targeted by the war on drugs. It is not enough to increase the availability of treatment and social services we must also break through the stigma, identify community voices and leadership and provide harm reduction services that meet people where they are at. This administration strongly believes in the public health approach to ending overdose deaths, one that works alongside our criminal justice partners. To address the opioid epidemic the administration is undertaking a number of new and expanded initiatives that focus on both the geographic areas and populations most severely effected including people who are homeless or unstably housed. In March 2017 the Mayor launched Healing NYC, a comprehensive response to the opioid overdose epidemic building off the key principles for public health action for mental health or Thrive NYC, it aims to reduce opioid related deaths by 35 percent over five years by focusing efforts on four goals. These are first; prevent deaths, by distributing Naloxone, the life saving drug that can reverse opioid overdose deaths

all communities and social networks where risk of drug overdose is highest should have ready access to Naloxone. Second, to prevent opioid misuse and addiction by investing in prevention and education as well as by providing counseling and linkages to care for individuals who use opioids or who recently experienced an overdose. Third is protect New Yorkers with effective drug treatment by making investments into our health care system in order to increase capacity to provide medications for addiction treatment which are the most effective form of opioid use disorder treatments. And fourth to protect New Yorkers by reducing the supply of dangerous opioids through data driven law enforcement strategies. The Health Department is leading the implementation of several of the 12 strategies that derive from these four principles in Healing NYC and I will highlight just a few of our achievements to date. We've distributed over 45,000 Naloxone kits to registered opioid overdose prevention programs as of January 31st putting us ahead of our pace to meet the initial 100,000 Naloxone kits annual goal in New York City. We launched Relay, a nonfatal overdose response system in five hospital emergency departments, Relay

deploys pure advocates into hospitals where they meet with individuals immediately following an overdose to provide Naloxone overdose risk reduction support and connections to other services and care. We've trained and provided technical assistance to over 630 prescribers on Buprenorphine. Along with Methadone, Buprenorphine is the most effective treatment for opioid use disorder and protects people from dying of overdose. We've awarded funding to seven organizations to implement the Buprenorphine nurse care manager initiative, which will expand access to Buprenorphine in primary care sittings across 14 individual geographic sites. These sites are all federally qualified health centers in safety net settings serving people who are public insurance beneficiaries who are uninsured or underinsured in all five boroughs hoping to help close the Buprenorphine gap. When fully operational these initiatives will have a capacity to serve over 2,500 patients. And we launched a new outreach team called Rapid Assessment and Response, which allows us to use real time data to identify neighborhoods experiencing adverse health consequences associated with drug use. To date this team has been deployed to five New York

City neighborhoods where they have educated people who use drugs, substance use treatment programs, other community members as well and overdose prevention and harm reduction. These neighborhoods include Crotona, Tremont, Highbridge, Morrisania, Hunts Point, Mott Haven and the Lower East Side of Union Square as well East Harlem. So, the Health Department is also working closely with many of our sister agencies on this important work including the Department of Social Services. Because of the high risk of overdose among people who are homeless we have partnered with the Department of Homeless Services and community-based organizations on several key initiatives that address this population and Commissioner Banks will be addressing these efforts in more detail in his testimony. Turning now to a suite of bills that are being heard, pre-considered today, the Health Department supports the intent of this legislation, we share the council's goals to ensure the distribution of Naloxone for example and to provide adequate training and education to New Yorkers on this important public health issue. Much of this work is already underway through Healing NYC and we look forward to discussing you further how to

amplify their impact. For example, the Health Department has been providing free Naloxone to syringe exchange programs since 2009 with over 42,000 kits distributed through those programs to date. Syringe exchange programs have a long history in New York City and are on the front line of this epidemic and I'm sure you will hear from many of them today. We trust in the expertise of these program's leaderships to train their own staff, to distribute Naloxone and in fact this has been one of the core functions of syringe exchange programs in New York City for the past decade. In addition, our I saved a life citywide media campaigns currently running on social media in transit centers, local newspapers, subway cars and bus shelters throughout the city feature stories of six heroic New Yorkers who have used Naloxone, six among many, hundreds of heroic New Yorkers who have used Naloxone to save the lives of family members, friends, neighbors and others. It also directs the public to call 3-1-1 or to our website for more information on where to get Naloxone as well as other resources. So, I think a lot of the intent and ground intended by the proposed bills we are on the path and we look forward to discussing

that legislation further with the council. I also want to thank the Mayor and First Lady for their unprecedented and explicit public support and energies on this topic and thank you as well to Speaker Johnson and to you Chairs again Levin and Ayala and the members here today for your partisanship and partnership, not your partisanship… for your partnership and your voices, together I believe we will turn the tide against the opioid epidemic but it requires our joint and relentless attention. I'm happy… I will be happy to take your questions, thank you.

CHAIRPERSON LEVIN: Thank you Dr. Belkin. In, in fact this is one of just a few issues in our country that actually receives, you know generally bipartisan support and I think that that's actually something that, you know bears noting. Commissioner Banks.

STEVEN BANKS: Good afternoon Chairs Levin and Ayala and members of the two committees. I'm going to summarize some of our testimony so that we can have a very focused discussion on, on opioids. I appreciate the opportunity to appear before this committee or committees… these committees on this

topic and I look forward to hearing some of the testimony that our staff will hear from so many people in this room and from the questions that you as the members of these committees will ask. I have learned in my short time in government that hearings like this can provide very valuable information. In my first two years as the HRA Commissioner these kinds of hearings provided valuable information as we reformed the agency and in these last two years overseeing both HRA and DHS the hearings have provided invaluable information for us. So, in that spirit I come to present to you information about what we're doing, and we will certainly take to heart the kinds of issues you are interested in as members of these committees and members of the advocacy community and providers and, and the public who'll be testifying as well. I know I will be testifying in a couple of weeks about the broader topic of homelessness and providing services to low income people in the city but I would be remiss if I didn't at least start off by saying that of course our biggest investment and our highest priority is preventing homelessness before it starts in the beginning and in the testimony for the record some of

our prevention investments are highlighted and I know we will talk about them more in the… in the hearings that are upcoming. Turning to page five of the testimony though, as part of the reform efforts that we've already put in place at the Department of Homeless Services following the 90-day review of homeless services in 2016 and additional issues that we put in place. In September 2016 the Department of homeless services strengthened its long-standing Naloxone training practice by promulgating an agency policy requiring staff from all department of homeless services shelters to participate in comprehensive Naloxone trainings to ensure shelters across the city are equipped to administer the life saving drug. To date all providers have participated in the training and all shelters now have staff equipped to administer Naloxone including frontline staff, security staff and social services staff at shelters for both adults and families. Staff on our street outreach teams in a dedicated facility for street homeless individuals such as safe havens and drop in centers have also been trained. In early 2017 DHS became the independent state certified opioid overdose prevention program led by the Office of

Medical Director Dr. Fabienne Laraque is the director and she's here with me today. The Medical Director is also the clinical director of the state certified opioid overdose prevention program and the existing licensed social workers are, are also part of our initiative. The Naloxone training program uses a train the trainer model thereby multiplying the impact of the program by establishing the existence of at least one trainer per site able to train other staff and clients and as a result of the partnership with the council led by Council Member Ritchie Torres and Vocal and other groups this policy is now codified in law, Local Law 225 of 2017 and later in this testimony I will update you on the numbers of clients and staff who have been trained so far. In discussing substance use among our homeless population it's critical to note that the addiction more often than not proceeds the experience of homelessness and as was discussed by Dr. Belkin like substance misuse in general the misuse of opioids cuts across age, race, ethnicity, class and neighborhood. Both our DHS system and our HRA, HRA HASA or HIV Aids Services Administration have screening services in place for clients with medical

or behavioral health conditions. For single adult clients seeking Department of Homeless Services, services intake occurs at three locations, for men at the 30th Street shelter in Manhattan, for women at the Franklin shelter in the Bronx and… or the Help Women's shelter in Brooklyn. Recently we modified our intake questions so as to obtain additional useful information from clients; we ask are you currently using any illegal drugs or prescription medication for non-medical reasons and we added three questions on history of overdose. Following intake clients enter assessment shelters where we use two validated drug and alcohol screening tools; one the AUDITC for alcohol use disorder identification and two, the DAST, DAST-10 for illicit and prescription drug misuse. Within DHS there are six assessment shelters which require that shelter medical providers offer each client the opportunity to engage in a medical history and physical as well as a psychiatric assessment within the first five to ten days in the shelter of the family… of the client's arrival recognizing that entry into the DHS system may be the first contact the client has had with health care systems in several years. The medical history and

physical includes routine laboratory testing and preventative care including PAP smears, screening for colon and prostate cancer or a referral for mammograms. The client is also screened for communicable or infectious diseases such as tuberculosis and HIV. The psychiatric assessment includes but is not limited to any chief complaint, history of any present illness, pass psychiatric history, substance use history, medications, family and social history and full mental status examination. In addition to the medical and behavioral and social health assessments each client's financial and housing history is obtained at intake. HASA clients must meet eligibility criteria of the program including applying and being found eligible for cash assistance. All clients applying are recertifying for cash assistance who self-identify or appear to have a substance use history are referred for a substance use assessment by an onsite credentialed alcoholism and substance abuse counselor, CASAC and are offered a referral for the appropriate treatment and our harm reduction services as needed. We use an electronic instrument that is based on the addiction severity index that assesses

client functioning with respect to substance use and treatment history as well as medical, mental health, employment, legal, and housing needs. It also includes a section to asses a client's motivation towards treatment and has decision support logic that helps the CASAC make determinations and standardizes determinations among CASACs. With respect to connections to care both DHS and HASA work to meet clients where they are at, an important tenet of harm reduction and trauma informed approach to care. Using peer reviewed evidence-based research we continue our work to engage clients and connect them to appropriate care both on and off site. Among the facilities that constitutes the DHS portfolio 47 single adult shelters have access to onsite health care, the other facilities within the DHS portfolio are for single adults secure and maintain linkage agreements to neighborhood and community health providers to which clients are referred. This continuum of care and presence of options is important as some clients will choose to utilize off site services as a result of being previously connected to care or to maintain their privacy. As with so much of our work within the shelter system we

recognize that a one size fits all approach is not always going to work and that the availability of choice ultimately benefits our clients. At DHS shelters there are opportunities for clients to participate in a variety of behavioral health services including psychiatric assessment, ongoing medication management, individual therapy and group therapy related to medical illness and substance use as well as psycho education related to trauma. For clients with co-occurring mental health and substance use disorders the medical provider will work… first… to first stabilize the client and then provide supportive services including harm reduction and health promotion to reduce the frequency and duration of both drug and alcohol and or psychiatric hospitalizations. As mentioned earlier DHS through our Office of the Medical Directors, an independent state certified opioid overdose prevention program DHS is in the process of finalizing its written substance use and overdose response policy. This policy has been developed by the medical director and her team and will formalize a series of robust action steps we're taking to address opioid overdose deaths and substance use in shelter. We are also developing

a comprehensive overdose response and substance use tool kit for shelter staff that includes tools for overdose response trainers and an overdose prevention champions as well as tools for staff trained to administer Naloxone, education materials and resources for clients. Overdose prevention champions are being identified at shelters and other DHS sites to serve as the lead trainer and coordinator for all overdose prevention and response activities at their site. This substance use and overdose response policy will cover topics related to substance use and overdose prevention, overdose response in Naloxone administration, how to obtain Naloxone, training policy, training targets, client engagement following non-fatal overdoses, utilizing proven harm reduction approaches, resources for substance use prevention, harm reduction and reporting information. For example, the policy will focus on enquiring about whether linkages to a substance use treatment and Medicaid assisted treatment or MAT were made by hospital staff following up if such connections have not been made and monitoring if connection to care is refused by the client. Currently at DHS the office of the medical director follows up on every overdose to

require shelter providers to link the client to drug treatment programs, counseling and harm reduction programs, additionally providers will conduct a refresher Naloxone administration training in a client Naloxone dispensing drive. The shelter directors are required to offer Naloxone administration training to the affected clients, his or her roommates and friends, DHS also educates providers on harm reduction and on the availability of medication assisted treatment. The shelter staff members are trained to follow up on non-fatal overdoses and offer clients to substance services. The shelter providers and onsite medical providers are expected to refer clients who have a substance use disorder to drug treatment programs regardless of whether they've had an overdose. Through it's medical director HRA is also an independent state certified opioid overdose prevention program. All HASA clients applying or recertifying for cash assistance are referred for a substance use assessment by an onsite CASAC, clients who are identified as having a substance use disorder are offered a referral to… for the appropriate treatment and or harm reduction as needed. Those identified as using opioids or are in

contact with other clients using opioids will be offered responder training and provided with Naloxone under our approach. Following the implementation of resident training our resident training plan pursuant to Local Law 225, at intake all HASA clients will be offered training as a responder, clients can opt out of this training following training each trained responder will be given a Naloxone kit. HRA's plan will ensure a sufficient supply of kits and proper storage. This approach is the result of meeting with advocates and hearing directly from impacted individuals concerning implementing a training plan that decreases stigma. We believe that this opt out approach at the front door is just that. All HASA contracted transitional housing programs are required to offer referrals for appropriate substance use treatment to its… to residents, commercial emergency housing operators who are required to have linkages to community-based organizations providing such services such as treatment referrals and harm reduction including Naloxone responder training. Additionally, the HASA program is in discussion with Vocal and New York and the harm reduction coalition, the New York harm educators and other community-based

organizations to formulize partnerships to train residents to administer Naloxone with a focus on our SRO sites. DHS via its… via its medical office is partnering with all the medical clinics, federally qualified health centers and providers of health care for homeless New Yorkers who serve the shelter system meeting monthly to plan programs, exchange ideas and brainstorm on best ideas to meet the numerous challenges of the clients and our settings. The DHS office of the medical director additionally has begun to meet with an independent state certified OOPP's that serve shelters. The DHS office of medical director also actively participates in RxStat, a citywide multiagency task force in opioid overdoses is representative of the municipal drug advisory council. In addition, the DHS office of medical director started a more tailored review committee where deaths that meet certain criteria are examined and a city medical examiner participates on this committee. Opioid misuse continues to be a national and citywide challenge. In FY '17 there were 1,461 overdose deaths citywide compared to 85 overdose deaths among homeless persons including both street and homeless individuals and shelter residents. Drug

overdose has been the leading cause of death among individuals experiencing homelessness since 2014. In FY ’17 overdose deaths compromised the largest proportion of homeless deaths with 85 or 27 percent. Overall at least 311 homeless people died in 2017, FY ’17 and the leading cause of death among them was drug use with 103 deaths as the Chair Levin described earlier. Of those 85 were from drug overdoses and the remaining 18 were from chronic drug use, of these 85 deaths 26 occurred in shelter up from the 20 that occurred in shelter in FY ’17, 36 occurred in a hospital up from the 13 that occurred in a hospital in FY ’16 and 24 occurred outdoor or in other locations up from 18 that occurred outdoors and in other location in FY ’16. More than three quarters of the overdose deaths in shelter were opioid overdose according to toxicology reports received from the office of the chief medical examiner by our office of the medical director. In FY ’17 within DH… FY ’16 within DHS facilities DHS staff administered Naloxone 112 times, in calendar year ’17… I apologize, that was calendar year ’16 DHS staff administered Naloxone 112 times, in calendar year ’17 DHS staff administered Naloxone 236 times saving 214 lives by

reversing those overdoses. This data shows that 94 percent of clients who are experiencing overdoses in shelters were saved with Naloxone administration in 2017 with an overall increase to 94 percent in the last quarter of calendar year '17. Our policy is to respond to the prevalence of substance use and substance use disorders among our shelter population do not end at connecting clients with appropriate care, we're also working to prevent overdoses through the utilization of additional harm reduction approaches. Building on nearly a, a decade of work we continue to train staff, security and residents. Beginning in 2009 DHS peace officers have been trained in Naloxone administration during their basic training. Since 2014 we've partnered with the NYU Medical School to train clients at the 30th Street intake shelter with more than 120 clients trained in the last year alone and in the fall of 2016 DHS through our office of medical director implemented the policy for at least one trained staff member per shift to be present on site at all shelters and we're now finalizing the plan required by Local Law that will be due shortly. In August 2017 DHS launched a new initiative to identify and train opioid

prevention champions as a lead trainer and coordinator at each shelter, to date 117 champions have been identified and trained, our office of medical director conducts the trainings for the champions each month. In 2017, 2,323 DHS staff including shelter staff, champions and DHS peace officers were trained and 2,861 Naloxone kits were dispensed as part of that training, an additional 310 outreach staff members have been trained to administer Naloxone, a total of 770 clients have also been trained so far by DHS, DOMH and NYU medical students including the 120 in the past year, in all there have been 265 training sessions that have been held. Within HASA and HRA all CASACs are trained in Naloxone administration and HRA as well DHS will be submitting our plan to fully implement the resident training pursuant to Local Law 225 shortly. Naloxone is just one element of our multipronged approach to addressing the opioid epidemic, we recognize addiction as medical condition and we're working to change and challenge stigma especially among these most vulnerable New Yorkers. We're working to ensure that clients know that they can speak openly about their substance use to staff and encourage clients to

disclose to case managers so the connections to care can be made. Providers often will utilize house meetings to disseminate information to clients about recognizing overdoses and the availability of Naloxone as well as training schedules. We also recognize the value of our advocate community and peer leaders and we're working in partnership with them to disseminate information about harm reduction and safer using practices. Recognizing that clients may be using substances we communicate with clients about how taking breaks or missing doses can lower their tolerance and make them more susceptible to an overdose. We also provide in, information about the danger of mixing opioids with other medications or drugs especially Benzathines, alcohol or cocaine. Information is also provided on the dangers of Fentanyl and that that drug is a much stronger opioid and may require additional doses of Naloxone to reverse an overdose. We also inform clients that Fentanyl is only found… is not only found in Heroine but also in Cocaine and counterfeit street pills that can't always be detected by site, taste or smell. We provide this information and warning because clients may not always be aware they, they are using Fentanyl

and makes the risk of overdosing increasingly likely. We also provide Fentanyl warning posters in shelters, safe havens and drop in centers. Working in partner with NYPD DHS peace officers received and will continue to receive enhanced training to handle a mental health crisis. This enhanced training is intended to give DHS peace officers the skills to identify the use of controlled substances both illegal and legal. DHS first responders are on the front lines of fighting this epidemic. DHS peace officers and DHS funded private security inspect restrooms regularly to ensure the safety of our clients. We are in the midst of a crisis and by utilizing evidence based compassionate client centered responses we are seeing some shifts in how we identify and respond to substance use and the presence of clients with substance use disorders in our shelter system. We are seeing an increase in Naloxone administration as a result of increased training, we're reviewing and implementing new policies and procedures informed by data and best practices and we look forward to partnering with, with the council as we continue our response to this terrible epidemic and its devastating impacts. Thank

you for this opportunity to testify and I welcome your questions.

COUNCIL MEMBER AYALA: So, we wanted to recognize Council Members Lander, Gibson, Van Bramer and Torres. Thank you for your testimony, I have a couple of questions. First I wanted to say thank you because I… that was a pretty comprehensive explanation of everything that you've been doing in the last year and I appreciate the city's rapid response to being proactive in terms of training staff especially staff that's on the front line to, you know be able to administer the Naloxone but I wonder is there any… is the city measuring the metrics used to evaluate the efficacy of providers and how we are measuring wellness?

GARY BELKIN: Yeah, I'll let Commissioner Banks talk about specifically how he's looking at that with his staff but in general first we're committed to several ways that more people need to be trained not only in delivering Naloxone but also to be able to provide what we think are underused medications as treatments like Buprenorphine, that means trying to expand the places that these things are, are accessible and particularly around the

training in Naloxone and making that more ubiquitous the goal that the, the city has set out is as I mentioned in my testimony 100,000 kits distributed this year. One thing I want to make clear is that that was an estimated demand, we are responding to the demand, we will not hold back from our harm reduction providers, the general public, first responders, drug treatment programs, medical providers, all city agencies, all the opportunities we have to put Naloxone out there we will not withhold from demand, we will figure out a way to get Naloxone out there and it… so when I mentioned that we are ahead of our pace for 100,000 that means that the demand has been a little higher than we thought would be there and we're meeting it. So, one metric is just, you know merely meeting a, a goal that we estimated was, was needed and we're certainly meeting that goal. We're trying to get better about finding out where that Naloxone goes and purposefully trying to target it into the geographies and populations and areas that we're seeing the highest need for. Refining that is a little harder, right, because a lot of this goes to programs who then give them to individuals and we're not keeping, you know records

and taking names so we're trying to work with the programs that we have to get a better sense of the geographic region that we're hitting the places that we… that we want to hit. Now in terms of the impact of all this on overdose deaths, which is our main reason for Naloxone specifically, right, to blunt this meteor, meteoric rise of overdose deaths in the last year or so, the jury for year one is still a little out, we are… there's been some public reports of what 2017 looked like so you know the Health Department is very fastidious with its data for good reason because that becomes what we all look to and we're waiting for the… to working with the medical examiner to understand what the deaths were for 2017 as they feel they've closed out their cases but as there have been reports and now our own reporting quarterly of overdose deaths it looks possible that there may… that there may not be this year the sort of increase we saw last year and may be more of a straighter line, we're not ready to say that but we're hopeful that, that perhaps that's, that's the case.

STEVEN BANKS: And I would just add to that that I think we've put a lot of effort into

training to save lives and I think connecting people to care is equally important and as we increase our investments in our shelter providers and there are some terrific providers in the room today that I'm sure you'll, you'll hear from, you know we've invested 200 million dollars in new, new investments in the shelter provider and home services provider sector because for many years there have been disinvestment in that sector and the additional funds we think will raise the bar on services and enable the providers to provide the kind of services that they have identified as critical for our clients so we want to support them in those efforts. I think one of the challenges too that our providers have as do we is that there are people who use substances outside of shelter and come into shelter and the place where the use took place that's leading to the overdose may not be in shelter, we want to be there in order to save a life when someone comes in and that's why we're very focused on helping our providers be able to connect people to care because we can't simply focus on what happens in the four walls of our… of our actual shelters because people are out in the… out to… around the city and, and

encounter situations that we can't address outside of the shelter but what we can address is try to address things in the shelter and connect people to care. I think as you heard in the testimony we have a lot of focus on meeting people where they are, and we have people that decline services but that doesn't mean we keep… we don't keep offering them and then again, we have terrific frontline service providers that are critical in that effort.

COUNCIL MEMBER AYALA: Are we also measuring the number of deaths that, that are occurring with non-sheltered homeless individuals?

STEVEN BANKS: You mean on the streets?

COUNCIL MEMBER AYALA: Yes.

STEVEN BANKS: Yeah, a part of the analysis gives us that as well in terms of the breakdown of where the deaths occurred, let me see if I can find where that is… of the 85 deaths 26 occurred in shelter and 36 occurred in a hospital.

COUNCIL MEMBER AYALA: But it doesn't specify that these were street homeless individuals, right?

STEVEN BANKS: Some of these clients are street homeless individuals… [cross-talk]

COUNCIL MEMBER AYALA: The 36… [cross-talk]

STEVEN BANKS: …as well… some of them are and some of them were brought to hospitals but we can… we can give you a more granular… [cross-talk]

COUNCIL MEMBER AYALA: Okay… [cross-talk]

STEVEN BANKS: …information, the Health Department report breaks down the difference between people who are unsheltered and people who are… who are sheltered by cause of death, so we can give you that information.

COUNCIL MEMBER AYALA: Okay. I think actually I asked you the second question. So, what… could you explain like what are some of the barriers to expanding treatment interventions in city shelters and non-profit supportive housing and what is the need for these agencies to kind of overcome some of these barriers?

STEVEN BANKS: I think that Dr. Belkin put it well, stigma I think is a big… is a big issue but again I think our providers are very much focused as I said in meeting people where they are and connecting them to services and if someone doesn't

accept services I know our providers are very focused on continuing to connect them to those services.

COUNCIL MEMBER AYALA: I would also like to add that and I think I've mentioned this in a couple of meetings that I've had individually with Dr. Belkin and, and several other members of the administration is also in the messaging I think that when we're doing public awareness campaigns we have to be… we have to learn to speak to our audience and in communities of color I think that there's' a lot of, of resentment and just lack of understanding of what, you know all of the, the attention, you know to this issue is all of a sudden when this is an issue that has, you know affected them for many, many years and so I think that, you know we, we need to kind of be very careful in terms of what the messaging is to communities of color so that we… you know we're, we're getting the, the type of, of, of attention… well they're getting the type of attention that they need because I don't think that there… that they really… you know really understand that this is an issue that's effecting black and brown people as well, I think that, you know there's a sentiment that now that, you know this is hitting other communities

and now the special attention and a lot of, of efforts being put into diversion programs and other types of treatment options but I think that messaging is very important in terms of getting information out to the people that need it the most. Did you… I want to pass it over to Chair Levin, thank you.

CHAIRPERSON LEVIN: Thank you very much Chair Ayala, thank you both for your testimony. Before I get to questions I actually want to just acknowledge, a couple weeks ago I spoke to Scott Auwarter at… from BronxWorks who… at a conference and he shared with me what he's seen at his facilities in the last couple of months and what he described to me and I think that he or his medical director will be describing later is, is, is very harrowing in terms of the, the, the… what's, what's happening on the ground because, you know Fentanyl if you… if you shoot up Fentanyl, you know there's a good chance that the first dose of Naloxone might not work. As, as you said it's… [cross-talk]

STEVEN BANKS: Correct… [cross-talk]

CHAIRPERSON LEVIN: …its 50 times stronger than heroine and it can kill you in a matter of seconds I think or… you know less than a minute.

His security, the security guards that work at, at BronxWorks have administered Naloxone, they've done mouth to mouth resuscitation, they've done mouth to mouth on… resuscitation on individuals that have not come back. What he described is on a different level now than I think that what… at least what he was seeing a year ago and to that end I wanted to ask about the numbers that came out in the PMMR last week and I'll read them, some of the increase in the critical incident rate in adult shelters was also impacted by an increase in overdose incidents from the prior year with a reported 81 overdose incidents in the first four months of fiscal '18, that's July, August, September, October of, of 2017 compared to 12 in the 2017… in the FY '17 period so that would be the prior year. This is due both to the national opioid crisis in DHS's enhanced overdose preparedness training distribution of Naloxone kits in shelter and training of staff and clients to be overdosed, first responders with… shelter… all shelters now having staff trained and equipped to administer Naloxone. Can you explain… I mean is, is it… my, my first question is, is this a spike or is this a long-term trend because a 575 percent increase year over year

comparing apples to apples to me looks like a spike, is this a spike or is this a… is this a long-term trend?

STEVEN BANKS: I, I have to come back to… and I… and you know you, you and I go back a long time on this issue but whether it's one person or six people it's one or six people too many. That particular metric in looking at four months is just what it is, but I want to step back from it, I actually don't think from our perspective whether or not, you know the daily news got it right or not and they're reporting is to… I'm, I'm reacting more generally to your question Council… Chair. We're certainly seeing the prevalence of the problem in the larger community affecting us in the shelter system and it's been increasing since 2000… you know homelessness increased 38 percent between 2011 and 2014 and so certainly the increase that we have seen since 2014 is related to, to sheer numbers but it's also related to what Dr. Belkin talked about that we're seeing in the outer… out, outside of the shelter system, the same kinds of challenges that our clients have. I think what Scott Auwarter who I've known for a long time, I have great respect for him

is reacting to there is the same thing we're all reacting to as human beings is that we're seeing our clients coming to us having used this substance that's, you know a killer and our defenses to that are more Naloxone and more connection to services but we still see our clients coming to us under desperate circumstances.

CHAIRPERSON LEVIN: Okay, I'm just… I mean are we… Dr. Belkin I mean are, are you… is… how, how can we explain a 575 percent increase that's reflected in the MMR, I mean I'm, I'm reading directly from… I'm not read… not reading from the MMR?

GARY BELKIN: No, I understand that.

CHAIRPERSON LEVIN: Yeah, so what's, what's, what's to explain a 575 percent increase in the same snapshot of that four month… this is quarter one, I mean actually Scott was telling me about quarter two and quarter three actually because we're in quarter three right now so he was… he's telling me what's happened since the beginning of December not what was happening in July and August so I mean are, are, are we seeing is this a geographically based thing, are we seeing more Fentanyl in the Bronx, is

that what's leading to this or, or, or is this a… I mean in, in terms what he's seeing or are… or are we seeing this as an issue from the overall system, I mean you just said that we're seeing a flatter trend, can you explain… in the context of that can you explain this 575 percent increase that's, that's written… you know in, in the MMR?

GARY BELKIN: Yeah, so, so I don't know how the… how those MMR indicators are defined, the… and periodic year to year source of comparisons are not the most reliable ways to look at, to answer your question a spike or a trend… [cross-talk]

CHAIRPERSON LEVIN: Uh-huh… [cross-talk]

GARY BELKIN: So… [cross-talk]

CHAIRPERSON LEVIN: Uh-huh… [cross-talk]

GARY BELKIN: …we have to look at what the trend was to make that judgment, taking a select swatch a year apart is not… is not a… [cross-talk]

CHAIRPERSON LEVIN: I mean… [cross-talk]

GARY BELKIN: …is not a robust way of, of looking at it, I mean it, it may make good newspaper writing but it doesn't really tell you what's going on in the… in… [cross-talk]

CHAIRPERSON LEVIN: I don't care what the Daily News actually writes about it or not… [cross-talk]

GARY BELKIN: Right… [cross-talk]

CHAIRPERSON LEVIN: …the MMR says… [cross-talk]

GARY BELKIN: Right… [cross-talk]

CHAIRPERSON LEVIN: …12 to 81… [cross-talk]

GARY BELKIN: Right… [cross-talk]

CHAIRPERSON LEVIN: …in a four-month period… [cross-talk]

GARY BELKIN: So, so what it does… [cross-talk]

CHAIRPERSON LEVIN: …year over year… [cross-talk]

GARY BELKIN: Right, right… [cross-talk]

CHAIRPERSON LEVIN: What is… what, what's… [cross-talk]

GARY BELKIN: So, it doesn't… [cross-talk]

CHAIRPERSON LEVIN: …what's to explain such a thing.

GARY BELKIN: …what it… what it does not tell is a… is a naturalistic curve of the problem, what it does tell is we better pay attention because something is going on… [cross-talk]

CHAIRPERSON LEVIN: We better have our hair on fine…

GARY BELKIN: Right and we… and we… and tells us where to look more closely. In terms of the background as I mentioned what's going on in the… in the… in the background environment as I mentioned we are… there has been over the last couple of years a shift in the rapidity of, of increase in, in the… in the Bronx especially the South Bronx so this could reflect an uptick in surrounding neighborhoods.

CHAIRPERSON LEVIN: Okay, I mean I… [cross-talk]

GARY BELKIN: But either way… but, but either way you slice… I, I'm… [cross-talk]

CHAIRPERSON LEVIN: …pretty sure these answers are satisfactory, they're… we went from 12 in a four-month period in adult shelters, I don't know whether that actually includes unsheltered individuals so, it doesn't… [cross-talk]

STEVEN BANKS: It includes… that includes only individuals in sheltered but… [cross-talk]

CHAIRPERSON LEVIN: In shelter… [cross-talk]

STEVEN BANKS: …but as, as, as I said to you the numbers convey to us the urgency of what we're trying to do, I think your description of, of, of the urgency is a very apt description and that's how we're approaching this… [cross-talk]

CHAIRPERSON LEVIN: Yeah because outside of… there's no… you know a 30 percent increase, a 50 percent increase, an 80 percent increase, 100 percent increase that's one thing, 575 percent increase this is off the charts… [cross-talk]

STEVEN BANKS: Any of those increases would lead us to the urgency that this problem requires and we're particularly looking at this in an urgent way that you would want us to and as I said our, our first baseline response… [cross-talk]

CHAIRPERSON LEVIN: Uh-huh… [cross-talk]

STEVEN BANKS: …has been to increase training, our related is what more can we do to connect people to care and as we've been throughout the reforms that we've been making in both the

agencies we're welcoming ideas that might come out of this hearing and from the advocates that provide us information all the time so I just want… I don't want you to… [cross-talk]

CHAIRPERSON LEVIN: Sure… [cross-talk]

STEVEN BANKS: …leave, leave this with any sense that we don't see this as an urgent matter to address.

CHAIRPERSON LEVIN: Understood… [cross-talk]

GARY BELKIN: Because, because I… and I… and I hope I was understood the same way, it's less fixating on the statistical inference than the fact that something is going on that is aberrant and… [cross-talk]

CHAIRPERSON LEVIN: Yeah… [cross-talk]

GARY BELKIN: …you know both at the community level and I… and in… and in the shelter system as well where we're now able to transition to as much more focused responses so the rapid assessment response teams I mentioned led us at the community level and, and, and the degree of now skill and literacy across the shelter system allows being

able to hot spot and focus and be more, you know focused on, on where needs are.

CHAIRPERSON LEVIN: Okay, I got a couple of… I got a bunch more areas I want to cover here so. I went back I looked at the Healing NYC report which is a very comprehensive report from about a year ago, you know I did a key word search for homeless, there's one reference to homeless, there's one use of the word homeless other than in the appendix that says Department of Homeless Services that's in, in reference to Naloxone and so what I didn't see in that report is a strategy for how we are connecting people who find themselves homeless with long term care and so I think… the first thing I want to say is I, I think you'd agree… we're… this is a public health issue, correct, whether we're talking about the general population or talking about individuals that find themselves homeless this is a public health issue, right, I mean that's, that's how we should be approaching this? So, if we're approaching it in terms of… as a public health… from a public health perspective then what I would like to know is what is the… what is the path to care; harm reduction, recovery through… whether its… whether its Methadone

or whether its Buprenorphine or, or other long-term treatment? So, I want to actually ask about kind of different scenarios and, and, and… I just want to… because I want a sense of how this actually all comes together so I'll start with individual on… that's living on the street, how do they connect to long term care or medically assistant treatment?

STEVEN BANKS: And I think the, the, the most critical thing is to get them off the street and then off the street into a drop in center or ultimately a safe haven hopefully, the excellent providers that we have that run safe havens connect people to care, they have staff that are very skilled at doing that, they don't always succeed.

CHAIRPERSON LEVIN: So, how… in terms of… okay, so how does that work exactly, if you're… you go into a drop-in center are you able to then connect to a primary… are you able to connect to a primary care physician in a reasonable time frame that could potentially prescribe you Buprenorphine prescription?

STEVEN BANKS: And look I can speak to how our, our system runs, I, I, I want to answer your hypothetical… [cross-talk]

CHAIRPERSON LEVIN: Uh-huh… [cross-talk]

STEVEN BANKS: …because that's what I'm here for… [cross-talk]

CHAIRPERSON LEVIN: Right… [cross-talk]

STEVEN BANKS: …from persons you encounter on the street as you know it might take an average of five months to get someone to agree to come in… [cross-talk]

CHAIRPERSON LEVIN: Uh-huh… [cross-talk]

STEVEN BANKS: …and now they have come in let's say to a safe haven, they've come in to BronxWorks, a great program, they have terrific medical staff there that are part of connecting people to care programs in the community… [cross-talk]

CHAIRPERSON LEVIN: Uh-huh… [cross-talk]

STEVEN BANKS: …and the kind of care people are connected to in the community is reflective of the overall care that's available to any of our clients whether they're housed or not.

CHAIRPERSON LEVIN: So, so… [cross-talk]

STEVEN BANKS: Again, from the perspective of running a social services program our perspective of someone on the street, get them off the street and get them someplace where they can be

provided with high quality services by a reputable provider who then can connect them to the various care systems that exist for people whether they're housed or not.

CHAIRPERSON LEVIN: Do street outreach teams in New York City today and there are, you know a, a number… a few providers… [cross-talk]

STEVEN BANKS: There are five under contract with us.

CHAIRPERSON LEVIN: Five under contract?

STEVEN BANKS: Yeah…

CHAIRPERSON LEVIN: Do they have specific job descriptions that include peer… you know people that have… that, that have gone through, you know recovery peer to peer, yeah?

STEVEN BANKS: Not necessarily, they do have peers that work for different providers but again what we're focused on and the… I… as I said at the beginning of this hearing interested to hear what ideas emerge from it but what we've been focused on is making… [cross-talk]

CHAIRPERSON LEVIN: Uh-huh… [cross-talk]

STEVEN BANKS: …sure that our providers have the ability to connect clients… [cross-talk]

CHAIRPERSON LEVIN: But there are going to be people… [cross-talk]

STEVEN BANKS: …to, to services… [cross-talk]

CHAIRPERSON LEVIN: …that… there are going to be people that, that might not go in to, to, to shelter that also may actually be interested in, in getting on treatment even if they're not in shelter, it's not… they're not mutually… you know the… it's not as if it's a… it's a prerequisite to treatment to be in shelter.

STEVEN BANKS: That's, that's correct but remember what our first priority is, is to get people in off the streets, that's, that's our first priority no, no matter what.

CHAIRPERSON LEVIN: Okay. Now… [cross-talk]

STEVEN BANKS: In addition to preventing… [cross-talk]

CHAIRPERSON LEVIN: Sure… [cross-talk]

STEVEN BANKS: …people from becoming homeless…

CHAIRPERSON LEVIN: Now there was an article in the Times a couple of weeks ago about the

disparity between the, the racial disparity and, and economic disparity between those that are entering into a Methadone treatment versus Buprenorphine treatment and how, how, how do we address that disparity within the shelter system, so if somebody presents through… whether it's at assessment, whether in shelter, whether they at some point… whether its, you know at some point along their trajectory they're ready for treatment how, how do we present people with the options, Buprenorphine works for some people, Methadone works for other people but do people… does everybody… the… part of the… one of the, the obstacles presented is that there are… that, that primary care physicians, you know may not take Medicaid to, to be a prescriber so while the, the Buprenorphine prescription itself is covered the physician is not, how do you… how do we address that?

STEVEN BANKS: I mean from again from a social services perspective our perspective is to connect people to Medicaid which is the insurance program that we can connect clients to.

CHAIRPERSON LEVIN: Right but then how do you… but then the question then is for DOHMH, how does DOHMH fill that gap so that those people that

are connected they're… they have a point of contact, they're in shelter, when they're ready, I mean one of the biggest challenges and I, I… you know you talked to, to, to people that work in this field is try and try again, try and try again, people may not be ready but when they are ready how do we ensure that, that, that that particular service is available to them because… I mean… I mean for those that don't know, you know Buprenorphine is, is prescribed by a primary care, care physician, you could take it at home, you… Methadone is very different you have to go every day… this article lays it out very clearly, you know you have to go every day, it can take up half of your day to go get your Methadone and it, it, it is an inhibitor to, to keeping a full time job because you have to spend a lot of time going, going on site, getting your prescription, waiting in line, you know it doesn't always work like that but it's a much more regimented, it might not work for everybody, how do we… how do we… how do we get more Buprenorphine available to, to, to individuals in shelter that, that need it?

GARY BELKIN: Yeah, so the same as we need to, to get… be more available to all, all New

Yorkers, we, we really have to make it more the path of least resistance to get so we're trying a couple of things at once, one is we think you should be able to start a prescription in the emergency room, we think you should be able to start getting a prescription from a syringe exchange program, we think you should be able… we should diversify what primary care settings offer it so we're on all, all those fronts, we're working with, with ten emergency departments, seven syringe exchange programs and I mentioned 14 but we're looking to expand substantially our work with a nurse care manager approach that supports a primary care practice and HQHC is in more underserved… what we think are underserved areas in New York City. So, those are our initial down payment on really trying to diversify and open up where one can get Buprenorphine. The things I just mentioned we think can add a capacity of ten to 15,000 treatment options… treatment… courses of treatment for… [cross-talk]

CHAIRPERSON LEVIN: Uh-huh… [cross-talk]

GARY BELKIN: …for folks as well… on top… including training 15… about 1,500 more prescribers… [cross-talk]

CHAIRPERSON LEVIN: Uh-huh… [cross-talk]

GARY BELKIN: …but this time we're trying to follow up those prescribers with, with follow up. What happens is we train prescribers and they don't prescribe.

CHAIRPERSON LEVIN: Right… [cross-talk]

GARY BELKIN: So, we're… the system we have the most open-door invitation to work with is at Health and Hospitals, how can we make that an on-demand system for Buprenorphine I think that is… [cross-talk]

CHAIRPERSON LEVIN: Is it on demand right now?

GARY BELKIN: I… probably, I, I don't know but I… [cross-talk]

CHAIRPERSON LEVIN: Is it… [cross-talk]

GARY BELKIN: It probably is not.

CHAIRPERSON LEVIN: Right, so… [cross-talk]

GARY BELKIN: So, we, we are… but, but that… I think that is a shared aim.

CHAIRPERSON LEVIN: With, with Health and Hospitals so, so healing NYC that points to Health and Hospitals as the, the, the center of excellence

that we… you know it's, it's… it becomes the backbone between now… you know through the implementation of that plan for this… for this healthcare delivery network, right now February 2018 how many hours a week does Belleview have to get a prescription for Buprenorphine?

GARY BELKIN: I don't know that offhand… [cross-talk]

CHAIRPERSON LEVIN: I was told its five hours away…

GARY BELKIN: We, we, we could… we should… [cross-talk]

CHAIRPERSON LEVIN: I was told like five hours… like literally five hours away, that obviously has to change.

GARY BELKIN: I, I don't think anyone disagrees with that.

CHAIRPERSON LEVIN: I… there's actually… when I had a meeting last week with a lot of providers and we talked about Health and Hospitals being, being the, the main means of service delivery to address this massive crisis, this spiraling crisis there was a lot of eye rolling in the room because everybody was skeptical that Health and Hospitals has

the flexibility or, or even the ability admits it's, its, its ongoing massive fiscal problems to take on this particular challenge because this… taking this on I think as a… you know in… is inherently costly and like they're running an 800 million dollar deficit every year so how does that work?

GARY BELKIN: So, I mentioned five strategies that we're trying which one is Health and… expanding Health, Health and Hospital's capacity. You could say what you want and, and you should just talk with Health and Hospitals but I, I don't know of another health system that has their reach, their degree of welcoming everybody through their doors no questions asked so whether or not we roll our eyes we have to work together to make that system work.

CHAIRPERSON LEVIN: Is it… right, it was just an eye rolling because it was like who, who, who actually thinks that's going to work.

GARY BELKIN: Well I would roll my eyes much more aggressively about other health systems… [cross-talk]

CHAIRPERSON LEVIN: Okay… [cross-talk]

GARY BELKIN: …stepping up to this task.

CHAIRPERSON LEVIN: There… sorry, just a, a couple more questions here and then I'll turn it over to my colleagues, sorry. The Governor has a plan around peer to peer outreach as part of his, his, his overall allocation to homelessness and… are there… are there peer to peer outreach programs that are contracted with the city or are we coordinated with state oasis program… funded programs or how does that work? So, I, I… the reason I ask so if, if… and I'm… if you go to… back in October there was an article in… or a report in PBS News Hour on a program called Anchor Recovery in Rhode Island and they have, you know a multi-pronged effort that is state funded and some private funding that does street outreach peer to peer and works on getting people into treatment and has had significant successes, very moving stories of people that have been in recovery. They have… if you… if there's… if there's an overdose that goes into an emergency room at any hospital in Rhode Island they're contacted and they're on site in like 20 minutes, it's a small state so you can get, get there in 20 minutes but… is the city engaged in similar programs, funding similar programs or do we rely on that state Governor's Initiative or what's

the coordination there and, and how is that working in New York City and if there's an overdose that goes into an emergency room in New York City is there a… is there a not-for-profit peer to peer advocate there in 20 minutes like it is in Rhode Island?

GARY BELKIN: Yeah, so we have, and I mentioned it in passing I think Project Relay where we're now in five emergency rooms which the fifth I think was announced today in a press release, at Saint Barnabas but that's a 24/7 availability of a peer advocate to come to emergency room, I believe within an hour… [cross-talk]

CHAIRPERSON LEVIN: Okay… [cross-talk]

GARY BELKIN: …for any non-fatal overdose where they provide counseling, education about Naloxone, they distribute Naloxone, they… [cross-talk]]

CHAIRPERSON LEVIN: I'm just going to interject for a second, you said five E-R's, there are 11 H… Health and Hospitals in… in you know HHC… [cross-talk]

GARY BELKIN: Right, so we're… [cross-talk]

CHAIRPERSON LEVIN: …hospitals… [cross-talk]

GARY BELKIN: …expanding… we're expanding it to ten… [cross-talk]

CHAIRPERSON LEVIN: Uh-huh.

GARY BELKIN: And the peer advocate also follows up with the individual, we've… you know we're still ramping this up, we've engages a little over 200 folks about two thirds of those agreed to follow up and 55 percent of those are reached within 24 to 48 hours, we're now looking to also outreach over a 90 day period and look at… see what those outcomes are… [cross-talk]

CHAIRPERSON LEVIN: Uh-huh… [cross-talk]

GARY BELKIN: …but there's an, an opportunity there for me to get work on harm reduction and also connecting to care and, and we actually… the Anchor ED program you talked about in Rhode Island informed the design of our project Relay.

CHAIRPERSON LEVIN: Okay, good to know, yeah…

STEVEN BANKS: I should add… [cross-talk]

GARY BELKIN: And Rhode Island has an eighth of the population of New York City…

CHAIRPERSON LEVIN: Right, which means that our numbers should be eight times as big as their number.

GARY BELKIN: We'll, we'll get there.

CHAIRPERSON LEVIN: Yeah.

STEVEN BANKS: Just to, to answer your answer your question with respect to the state so we've actually been working in partnership with the state office of mental health and they have funded and added ten new act teams sort of community treatment teams… [cross-talk]

CHAIRPERSON LEVIN: Uh-huh… [cross-talk]

STEVEN BANKS: …for our clients, they've got ten of them… are already operational and they have assigned up to 680 slots over the course of the year, they're… already 150 of our clients are in those slots and we've also been working in partnership with Oasis in ten other shelter locations to provide community-based substance use disorder treatment to clients on site through Oasis's providers. So, those two initiatives are part of the things that I talked about earlier in, in our first

phase of this was to address Naloxone training and a second phase has been to connect people… and a second phase has been to connect people to care and some of that care is what we can do in the city and some of that care is by welcoming other resources that we can secure and here with both state OMH and State Oasis we've been able to increase the availability of services, we'll see how these models work and see whether or not they have the impact that we hope they do and there is some peer component in those programs I think as you described earlier.

CHAIRPERSON LEVIN: Okay, thank you, I'm going to turn it over to my colleagues I was going… I was going… Barry Grodenchik was going to be first, but I took his questions, I'm going to turn it over to Council Member Adrienne Adams.

COUNCIL MEMBER ADAMS: Thank you Chair Levin. First of all, I want to thank you for holding this hearing and congratulate my colleague Diana Ayala for your diligence on this matter and for co-hosting us today in this hearing, thank you very much. Welcome to you both, Dr. Belkin and Commissioner Banks, always good to see you. I'm going to gear my, my questions and my comments specifically

around some issues that are near and dear to my district and Commissioner Banks I guess you and I will, will chat a little bit about this and hopefully address some of these things. Realizing that we are in Southeast Queens, home to the largest percentage of homeless shelters within the entire borough of Queens and we are still looking for equity in that placement or in those placements the unsheltered population is one that I live with on a daily basis, I take public transportation on a daily basis so I see this epidemic daily in my community in Southeast Queens. To Chair Ayala's point this epidemic has been prevalent for people of color for decades and we want to make sure that we are addressing it appropriately and that our tones are reasonable when dealing with, with this epidemic and fighting this horrible, horrible epidemic, we note also in your remarks that the death rates among black New Yorkers increased 85 percent between the years of 2015 and 2016 more than doubled the rate increase among white and Latino New Yorkers, that is significant to me. What, what I would like to find out is that we're looking right now basically at continuing to try to shelter the unsheltered so in, in looking at this epidemic now,

at the proportion that we are at according to budget testimony submitted to Coalition for the Homeless to New York Legislature we have right now looking at the number of supporting housing placements for single adults in New York City which dropped to a six year low of 1,500 yet and still the need increased so more people are homeless than ever before and more single adults are homeless, we have homeless single adults in sheltering and an average length of stay in shelter exceeding 12 months for two years, we're still looking for housing placements so Commissioner Banks can, can you just first address for us the delay in, in housing placements and how many developers have put in for supporting housing capital RFPs?

STEVEN BANKS: So, let me try to take those in sequence and I appreciate your question and I know that you and I have been focused on the challenges in Southeast Queens and I, I know I had a very productive meeting over the summer and I know I'll have continued conversations. I think one of the biggest challenges in supportive housing is the gap in the development pipeline that occurred when the New York, New York three city and state agreement

ended and, in the sense, that all the funds have been granted out and that there was no, no agreement in place, the city stepped into that breach and created a New York 15/15 program, 15,000 units over 15 years which is the most significant commitment of any municipality in terms of this, this effort that was announced two years ago and it takes some time to actually develop the housing, the first units are starting to come online now, there are… and I, I know we'll get into this in my budget testimony coming up in a couple of weeks, there are I think 1,400 units that have been awarded with service contracts, there are several hundred people that have already moved into the units and essentially New York City's rebuilding the pipeline that occurred because of that gap. I, I'm familiar with the coalition's testimony in the legislative arena which… and the state legislative arena which is largely focused on the importance of having there be additional resources, we welcome additional resources but we've gone ahead and put our own resources in as a city and this program is beginning to take hold now because we obviously expect it to be some lead time between the end of New York, New York three and the beginning of

this new program which is all city… a city only initiative. So, the first couple… first couple hundred people have already gotten units and we're going to keep rolling them out.

COUNCIL MEMBER ADAMS: Okay, I think I heard in there this question addressed but I will ask it anyway, what do you predict… what do you predict placements to be in 2018?

STEVEN BANKS: I would think given the fact we're literally in the sort of the second year of the beginning of the roll out of the program I, I think we're going to probably have a couple hundred more and I'll, I'll have more information for you when I testify at the… at the budget hearing, this is a multiagency effort, some of the units are capitally funded by HPD, the service contracts are held by the Department of Health and Mental Hygiene a great partner to us on this and we as the agency providing the shelter connect the clients to the units. So, I can tell you I've already got several hundred moved in just a couple months into this year and that's a good place for us to be and we're going to keep moving throughout the course of the year, but we'll

have more information when I testify at the budget hearing.

COUNCIL MEMBER ADAMS: Okay, are there any ramp up efforts being done?

STEVEN BANKS: I mean it's a rolling RFP and so we look for providers to make proposals to us in sort of several different ways, one is with HPD to be able to develop the units, second is with us and the Department of Health to provide the services and we're… it's a rolling RFP, we've gotten a, a… I think a pretty robust pipeline of, of proposals that are being made to us to begin to bring these units online, but you highlighted in your question what I think is one of the great problems here which is that gap and we're literally rebuilding the pipeline and, and moving forward with it.

COUNCIL MEMBER ADAMS: Okay, thank you very much. I guess my only last comment would be we've got 15,000 supportive housing units coming online in 15 years and to me it, it's a lot but we've got to do better.

STEVEN BANKS: Well I, I think you're right it speaks to what the need is, there's been about 1,000… if you sort of look at it over 15 years

the pace will be about 1,000 a year coming, coming online and I think that was the, the perspective of that state legislative testimony that you referenced.

COUNCIL MEMBER ADAMS: Thank you very much, thank you both.

CHAIRPERSON LEVIN: Thank you Council Member Adams. I almost let you guys off the hook without asking about this before. The report on, on SIFs, when is that coming out?

GARY BELKIN: So, as the Mayor announced we expect the report out soon and… [cross-talk]

CHAIRPERSON LEVIN: Because it was commissioned a while ago.

GARY BELKIN: It was commissioned a while ago and we appreciate the council enabling us to do that and what that allowed us to do was get some… an array of detailed analysis, legal, we were able to project what we think the impact might be, there are a lot of feasibility issues that needed to be looked at which we then pulled together in, into a synthesized report with recommendations and that's what's going through the works with being finalized.

CHAIRPERSON LEVIN: Okay, so the report is written, the recommendations have… are, are on

paper it just has to go to the printer and… [cross-talk]

GARY BELKIN: The report is… [cross-talk]]

CHAIRPERSON LEVIN: You can email it to us…

GARY BELKIN: Is being… [cross-talk]

CHAIRPERSON LEVIN: …I mean it doesn't have to printed you can just… [cross-talk]

GARY BELKIN: Well is in… [cross-talk]

CHAIRPERSON LEVIN: …email it… [cross-talk]

GARY BELKIN: …the work of being finalized.

CHAIRPERSON LEVIN: Okay. Alright, so we should expect… so the 27th today, should expect it by… today is Tuesday… [cross-talk]

GARY BELKIN: I, I'd appreciate… [cross-talk]

CHAIRPERSON LEVIN: …we should expect it by… [cross-talk]

GARY BELKIN: I appreciate the interest of the council on seeing the report.

CHAIRPERSON LEVIN: Great. Okay, we're all… we're all… you know very eagerly awaiting this report, it's coming right, we're going to get it, we will get it, right?

GARY BELKIN: The, the report is being finalized.

CHAIRPERSON LEVIN: Okay. Okay, I'm going to turn it over to Council Member Mark Gjonaj.

COUNCIL MEMBER GJONAJ: I just want to thank both Chairs for being so precise in your questioning, your testimony for an epidemic that has been repeated over and over again that has impacted so many New Yorkers regardless of their ethnicity, their education or their wealth, this is one the plagues, the entire country but in particular it hardest amongst this borough… the boroughs. Dr. Belkin and Commissioner Banks thank you for your testimony, a little… very detailed and oriented but long winded and to me its about numbers and I'm hoping you can help me just get to the bottom of what is the total dollar amount that has been forcing this upcoming budget toward the opioid addiction and the overdose problem?

GARY BELKIN: So, the newest investment through Healing NYC was about a 40-million-dollar commitment but that's not the last word on our work… on opioids, there was work proceeding that and there have been extensions of that since so we can try to estimate a total dollar figure, I can't… I won't be able to give you one accurately now, but it would be North of that number.

COUNCIL MEMBER GJONAJ: So, North of 40 million by…

GARY BELKIN: I, I will… I would have to pull, pull those together.

COUNCIL MEMBER GJONAJ: Okay.

GARY BELKIN: And it's not just our agency so… I mean if… so if you want a citywide estimate I think that's something we'd have to… [cross-talk]

COUNCIL MEMBER GJONAJ: To begin with 40 million dollars with 38 million to reduce over five years 35 percent of the overdoses just doesn't go far enough, you know its… it translates to about 400 and change lives that you're calculated that you'll save over five years and the other 65 percent its… sorry, you fell through the cracks. What more can the city

do that we haven't done and what resources would be needed to meet those needs to prevent another life as so eloquently put one or six lives is one to many, what more can we do and how does that translate into services and dollars?

GARY BELKIN: So, in the last year or two we've seen an exponential rise in the tools and resources that we have, we think that they cover the ground and we're learning… which where we need to expand, what we need to extend and so I… as I said I don't think… I think this is a dynamic picture, this isn't the last word, no, nobody thinks that and so I'm sure that this will be… this is… there will be more to come.

COUNCIL MEMBER GJONAJ: There's nothing more that you can add that we can expect from you as out of the box thinking?

GARY BELKIN: Well I think you've heard remarkable out of the box thinking in, in a short period of time in a year or so that we have stood up programs that really extend our reach into, into our hospitals, into our communities, into new treatment settings, into new agency settings and ways that just was not visible a year or two ago in very short order

so we are running at fast speed and, and not sitting down.

COUNCIL MEMBER GJONAJ: Dr. Belkin with all due respect 38 million which is 120th of one percent of the total budget for this upcoming year is not out of the box thinking. Commissioner the borough of the Bronx has more supportive housing units than any other borough per capita, 44 percent more than Brooklyn, 13 percent more than Manhattan, 99 percent more than Staten Island and twice as many as Queens, as well noted the borough of the Bronx has more overdoses than the South Bronx in particular than any other borough, with more shelters and more supportive housing units coming, coming into our borough what more can we expect or is needed to combat this for the borough of the Bronx that is obviously struggling alongside of other boroughs but at a rate that is alarming.

STEVEN BANKS: I, I think that from a shelter plan perspective which is different than from a prevention or a… of homelessness or permanent housing perspective, I think that the transformation of the shelter approach of this haphazard approach where, you know you could be from the Bronx and you

end up in Brooklyn or you could be from Brooklyn and you end up in Queens will ultimately result in the Bronx having a capacity to shelter the numbers of people that have become homeless from the Bronx within the borough and similarly with Queens and similarly with, with Brooklyn and Manhattan and Staten Island and I think that that ultimately… its not what are we going to do tonight but I wanted to give you that context but ultimately I think that will create greater stability for the individuals that are confronting this epidemic because we'll be housing people closer to their supports, closer to family networks, close to the things that we all know that are anchors in life that give people the kind of hope to connect to treatment so I think ultimately the reason why we're doing this plan is for a whole range of reasons but it has the beneficial effect of once you connect people to their support systems or enable them to remain connected to their support systems that it'll have a beneficial effect here. In terms of the here and now I, I want to say to you that from a social services perspective we're going to keep trying to save lives, we're going to keep connecting clients to the cares that's available and

for clients in your district or throughout the borough we're happy to work with you and, and any member of the delegation of how we can improve the delivery services, I know when you're in the state legislature, we… our, our offices were in contact about how we could help clients in your district and I'm, I'm… I stand ready to continue to do that with you.

COUNCIL MEMBER GJONAJ: I want to thank you and I reinforce the notion that more must be done, I don't see you asking for more to combat this epidemic and, and it's a real injustice to every family that has lost a family member or every family that will lose a family member in the years to come, this burden is solely on our shoulders and we're failing New Yorkers.

CHAIRPERSON LEVIN: Thank you Council Member Gjonaj, Council Member Torres.

COUNCIL MEMBER TORRES: Commissioner Banks, Dr. Belkin good to see you both, I've obviously partnered with the two of you closely and Commissioner I was pleased with where we landed on Local Law 225, I thought I was a mutually agreeable compromise that fulfils the original intent and I

hope you feel like the implementation is going smoothly or…

STEVEN BANKS: I, I do, and I appreciate being trained together.

COUNCIL MEMBER TORRES: Yes, yes. Although you retained the training better than I did. I, I know Dr. Belkin you said you don't quite have a handle yet on the preliminary overdose numbers if I heard you correctly earlier in 2017 but you have some sense of the trend and I don't know if I heard you correctly you said… [cross-talk]

GARY BELKIN: Yeah, I said we haven't… we haven't come up with the final count, we work with the Medical Examiner's Office, Office to close out where their investigations are, we rely on them for final cause of death and often that trails a couple of months the close of the calendar year so we can't specify a number and, and last year the number unfortunately climbed quite substantially during those catch up months so we, we don't want to put out a number that we then have to back off of but what I did say is our quarter to quarter counts seem to point to a… a hopeful… hopefully a direction where

we're not seeing the kind of increases we've seen year to year over the last several years.

COUNCIL MEMBER TORRES: So, it's not a decline in the number of overdoses, it's a decline in the rate of increase?

GARY BELKIN: It could be a rough leveling out but we, we don't… we… I'm, I'm hesitant to commit to people to think that but we're… we think that it, it may be more in that direction than the increases we've been seeing.

COUNCIL MEMBER TORRES: Do you track both fatal and non-fatal overdoses?

GARY BELKIN: We track… well we can't get a full picture of non-fatal overdoses, we're trying to get to that point not only with those that we connect with through the… now through, through this relay capacity but also working more closely with our other first responder partners to see if there's a way we can get a better tally of that. We do have surveillance of emergency rooms in the city which is imperfect in its ways but gives us also another lens into counting overdoses but we don't necessarily know the outcomes of those overdoses from that data so, so we're trying to look at a, a bunch of inputs and

improve them all to get better information but in terms of deaths themselves cautiously hopeful that we're seeing a leveling off or at least not a significant increase this year.

COUNCIL MEMBER TORRES: Yeah and I think it's, its vitally important to track the number of non-fatal overdoses… [cross-talk]]

GARY BELKIN: Absolutely… [cross-talk]

COUNCIL MEMBER TORRES: …to see if we're not merely responding effectively but also succeeding at prevention as well… [cross-talk]

GARY BELKIN: No, it's a great earlier upstream intervention and we also want to know them because we want to touch those people.

COUNCIL MEMBER TORRES: And what's the trend in our shelter system?

STEVEN BANKS: I mean when we look at calendar '17 we certainly see an increase, but I think there are a number of things that are… that are important to focus on when I… when I say that not to take that out of context. First of all the things that are driving people into shelter may not… may be behind trends that public health community is experiencing because our clients as I said in some of

the testimony earlier the addiction proceeds homelessness and so coming into our system may well not have benefit yet from the kinds of things that are being done out in the community, we will have to see that. I think the other thing that's important to focus on within our system as opposed to within the, the broader community is the numbers of overdoses that we're preventing or save… lives saved because of the training so some of this is we've got a much more effective reporting, we have more effective training but on the other hand we're continuing to see usage and, and the, the… this is a leading cause of death within our client population so we're going to keep working very closely with the Health Department in terms of what they're doing outside of the shelter system to see if that can benefit us inside the shelter system.

COUNCIL MEMBER TORRES: Do, do we track the… what about the unsheltered homeless population?

STEVEN BANKS: Track, tracked as well and I, I promised the committee that I would get back with some additional data on that.

COUNCIL MEMBER TORRES: Do we have some sense of the trend or…

STEVEN BANKS: I think the trend is roughly parallel inside shelter outside shelter but we'll… I want to be careful what I say under oath that I don't know all the facts I want to come back to you with the information.

COUNCIL MEMBER TORRES: And, and again I know… I know Doctor you don't have a handle on the numbers just yet, but do you have some sense of whether the trend is unfolding uniformly across every borough, is, is, is… what's the… you know…

GARY BELKIN: You know I don't think we know precisely yet whether this hopeful settling trend is, is reaching all boroughs because unfortunately, you know the rise was not uniformly experienced by boroughs some more than others and so I think we'll… we want to wait to see… to see the final numbers.

COUNCIL MEMBER TORRES: And, and obviously for many of the most vulnerable members of the homeless population the best form of health care is often housing and supportive housing, do we track overdoses in supportive housing?

STEVEN BANKS: The information is less comprehensive because of the multiple different

funding sources from different levels of government for supportive housing… [cross-talk]

COUNCIL MEMBER TORRES: Yeah… [cross-talk]

STEVEN BANKS: …so whereas the shelter system we're running it we were able to track it, I think that you don't… you… there's not a complete picture because of all the different levels of government that are involved in the funding streams.

COUNCIL MEMBER TORRES: Because one concern I have is, you know I suspect the services vary widely from supportive housing to supportive housing facility as is true of every… and if you had a supportive housing facility that had an unusually high number of overdoses that would… that would possibly raise questions in my mind about the quality of those services so that would seem like a, a particularly important piece of data point to track and I, I know that would require intergovernmental coordination…

STEVEN BANKS: But, but what I can… [cross-talk]

COUNCIL MEMBER TORRES: Yeah… [cross-talk]

STEVEN BANKS: …say to you is for the city finance program, the 15/15 Program we will be focusing on that be… for just the reason that you are… [cross-talk]

COUNCIL MEMBER TORRES: Okay… [cross-talk]

STEVEN BANKS: …that you're raising which is it reflects… look supportive housing's been the gold standard within two years at least three quarters of the people remain in place, people that are very vulnerable, substance use disorder is one of the vulnerabilities that we're looking for in terms of placing people in those units so the idea that the retention rate has historically been that high reflects how important the service is but we want to make sure that as you say as people are being relocated from homelessness to housing that they're able to stay there and get the services they need.

COUNCIL MEMBER TORRES: And I just want to echo again how grateful I am to you for how cooperative you've been on, on some of our shared legislative priorities so thank you.

STEVEN BANKS: Well it's been a good partnership because in the end its really helping our

clients and I appreciate the partnership with you on these things.

COUNCIL MEMBER TORRES: Thank you. Thank you, Mr. Chairman, thank you Miss Chairman as well.

CHAIRPERSON LEVIN: Thank you very much Council Member Torres. So, I have a few more questions here. What federal regulations are there that may limit the city's ability to do innovative treatment models, I, I think that there's… my understanding is there's some funding attached to the HRA budget but that its limited to total abstinence programs, is that right?

STEVEN BANKS: I'm going to have to get back to you on that but in general there are certain federal grants that require a drug free environment.

CHAIRPERSON LEVIN: And so that's, that's funding that we could not use for Methadone or Buprenorphine… [cross-talk]

STEVEN BANKS: Again I'm, I'm not… I'm not familiar with the… with the provisions you're asking me about so I, I need to get back to you on it but I, I know from my prior life that I had before I came into government that there were certain federal grants that require there to be a drug free

environment, I don't know the applicability for some of the programs who are operating currently with respect to that and what… and what barriers they may or may not… that may or may not present.

GARY BELKIN: And the… some federal issues we run into on and we've discussed Buprenorphine at length, as you know there are federal requirements around one the training… [cross-talk]

CHAIRPERSON LEVIN: Right… [cross-talk]

GARY BELKIN: …we described but also… [cross-talk]

CHAIRPERSON LEVIN: Yeah… [cross-talk]]

GARY BELKIN: …capping the… [cross-talk]

CHAIRPERSON LEVIN: Number of patients… [cross-talk]

GARY BELKIN: …number of patients you could be prescribing, the first year I think is 30 and then a cap of 100, now I know you may be rolling your eyes now that we should be so lucky, right, that, that all our eligible prescribers have caseloads of 100… [cross-talk]

CHAIRPERSON LEVIN: Right… [cross-talk]

GARY BELKIN: …but nonetheless those, those are… those are obstacles… [cross-talk]

CHAIRPERSON LEVIN: Right… [cross-talk]

GARY BELKIN: …and I… and I do want to, you know get back to your, your point about how we make this more the norm, the city can do some things but we… one thing the city can do is get the rest of the system to get its act together and… [cross-talk]

CHAIRPERSON LEVIN: Uh-huh… [cross-talk]

GARY BELKIN: …and we've been working for example with managed care plans to look at their networks; do they have Buprenorphine prescribers, do they know how much they're prescribing, we've looked at some of those initial data from some of these plans and we see… [cross-talk]

CHAIRPERSON LEVIN: And that's to the state Department of Health?

GARY BELKIN: The Medicaid… no, this is… we're working… [cross-talk]

CHAIRPERSON LEVIN: Medicaid… [cross-talk]

GARY BELKIN: …directly with the Medi… with the Medicaid managed care plans.

CHAIRPERSON LEVIN: Okay.

GARY BELKIN: And you know not surprisingly they have very low ratios of, of, of clients prescribed to prescriber and so… [cross-talk]

CHAIRPERSON LEVIN: Uh-huh… [cross-talk]

GARY BELKIN: …we're trying to nudge the rest of the system, I mean more than nudge, we're really trying to bring this to bear on the rest of the system that they are providers, really need to… need to step… that's where the… that's where the bandwidth is.

CHAIRPERSON LEVIN: Absolutely, I… if… I, I looked up, you know like the state Department of Health website and its… it… literally it says doctors, exclamation point, do you want… could… do you want to prescribe it here's how, do you not want to prescribe it, here's how you refer somebody but it was like, you know in, in large font exclamation point, you know try… I mean trying to persuade doctors and so I… actually I wanted to point to another article that came out, so… things are rapidly evolving in this field as we're… you know as we're having this discussion. The New England Journal of Medicine had a… had a, a report from a physician in Boston just two weeks ago about her apprehension as a

physician, a primary care physician to, to go through to get the waiver to be able to prescribe Buprenorphine and it's a very sad story where she had a, a patient who was older and had gotten addicted and asked her as her primary care physician to be able to prescribe it to her and she didn't… she, she said look I don't… I don't prescribe that, she had… she talks about the reasons why she's not a… she wasn't a prescriber. One of the reasons was that she had a, a bias against patients that, that are going… that, that, that would need it and you know issues around the amount of, of her own bandwidth it would take to, to treat other issues that they may be coming… walking in the door with and she speaks very candidly and very frankly about it, her patient ended up dying of an overdose and she was a grandmother, I mean I, I encourage you to read this, this article. What can… how… what can we do to work with our networks of primary care physicians, I did a, a search on… that was linked from, from the DOHMH website for, for… to Buprenorphine prescribers, you know there's a map… there's a… that you can access and you know there are some neighborhoods that have maybe one or two prescribers, Southeast Queens has a

handful, neighborhoods like Bushwick have a handful, the majority are concentrated in Manhattan not surprisingly. What are we do… how do we… how do we… how do we work through that issue, it's a long… that's got to be a long-term strategy?

GARY BELKIN: Yeah and, and one, one we're thinking about and it starts not just at the end of, you know licensed professionals but you know who are medical schools training and how are they focusing on this issue and what are their expectations and how do we generate more addiction specialists and… it, it really is across the board on the pipeline and, and the sort of atmosphere and culture that you describe of that part in the New England Journal report is, is not unusual. A lot of the stigma is internal to the… to the health care system but we're looking at how… where are our opportunities to push the system more aggressively. Our immediate impact opportunities are these prescribers we're training and… that we're trying to follow up with and, and with the system that we're working most closely with Health and Hospitals, but I think there is untapped need to really go in the

direction I just mentioned, this meeting we had in managed care plans was last week… [cross-talk]

CHAIRPERSON LEVIN: Right… [cross-talk]

GARY BELKIN: …and we talked about sharing… you know would you agree to share this data together that we just regularly were looking at, the percent of your folks with this disorder on medication assisted treatment and so I think that's a way to really get to broader scale and to look at things like you said about well where are the prescribers, are the networks adequate in terms of geography and accessibility and those are questions we have to start asking.

CHAIRPERSON LEVIN: Do you have the hard number of prescribers, the, the doctors and MTs and physician assistants that have the waiver now in New York City? The reason I ask is that there's a report that came out Avalere Health… [cross-talk]

GARY BELKIN: Yeah… [cross-talk]

CHAIRPERSON LEVIN: …put out a report this week that showed that there are some states that have… you know in terms of the ratio they, they could… this did it by ratio of… [cross-talk]

GARY BELKIN: Right… [cross-talk]

CHAIRPERSON LEVIN: …of, of opioid related deaths to prescribers and New York States somewhere around .78, the national average is .6 so it's a little bit better than national average but other states like California have, you know over… its like .3 or something… [cross-talk]

GARY BELKIN: Right… [cross-talk]

CHAIRPERSON LEVIN: …point 13, sorry… or one… sorry, 1.3 so you know a higher ratio of prescribers versus… but then there are some states… you know some of the, the worst hit states in the country are West Virginia and you know I think like Georgia, you know have, have, have much lower numbers so we're… but I, I couldn't… [cross-talk]

GARY BELKIN: Its hard… [cross-talk]

CHAIRPERSON LEVIN: …they didn't have… I actually called them, and they didn't have the data… they didn't have the percentage, the ratio for New York City they had it for New York State… [cross-talk]

GARY BELKIN: I don't know that we have a clear number but it… in part because it's a moving target, right, so, you know we've been training folks in this for ten years so… [cross-talk]

CHAIRPERSON LEVIN: Uh-huh… [cross-talk]

GARY BELKIN: …who's still in the city, you know where do… where do you go to track that so… that's why we started going to the plans because they have registries they should know this and so that could be a more real time… [cross-talk]

CHAIRPERSON LEVIN: And what can the plans do, I mean what's the… what, what, what is the, the, the plans can make it easier to bill for… [cross-talk]

GARY BELKIN: So… [cross-talk]

CHAIRPERSON LEVIN: …what would they… [cross-talk]

GARY BELKIN: …so there are… there are… there have been… and, and we… some plans have actually been more aggressive on this where they've set aims, specific aims that they're networks achieve certain performance, 50 percent increase in prescriptions, 50 percent and so forth and so we're trying to see if we can more buy in across, across the city on things like that.

CHAIRPERSON LEVIN: But what's the consequences of either achieving those aims or not

achieving those aims, I mean in terms of like within… how are they… [cross-talk]

GARY BELKIN: Yeah… [cross-talk]

CHAIRPERSON LEVIN: …how are they trying to reach those objectives just through greater resources in terms… [cross-talk]

GARY BELKIN: Through resources, communications to their providers… [cross-talk]

CHAIRPERSON LEVIN: But no carrots and sticks, they're not saying if you don't do it you're… you know… [cross-talk]

GARY BELKIN: Yeah, I'm not sure that they can enforce those… [cross-talk]

CHAIRPERSON LEVIN: Right… [cross-talk]

GARY BELKIN: …but I think that if, if government comes into the picture and, and starts shining a light on these disparities then maybe we can get more movement.

CHAIRPERSON LEVIN: Yeah. If you can share with us that, that ratio for New York City because they just didn't… they didn't… [cross-talk]]

GARY BELKIN: Yeah, I don't know that we have a stable number we believe in, do you want to…

HILLARY KUNINS: So, I… the… Hillary Kunins, Assistant Commissioner for the Bureau of Alcohol and Drug Use, I affirm to tell the truth. So, we know that in New York City last year there were about 1,900 individual prescribers who wrote one or more prescriptions for Buprenorphine… [cross-talk]

CHAIRPERSON LEVIN: Uh-huh… [cross-talk]

HILLARY KUNINS: …we think the number who actually writes a prescription may be more instructive than the number of people who are waivered because… [cross-talk]

CHAIRPERSON LEVIN: Sure… [cross-talk]

HILLARY KUNINS: …we know many people who are waivered don't actually actively prescribe. I don't know that ratio, but we can certainly look at that report and calculate it. The other thing I just want to add for additional context, one special strength of New York City is that we have substantial number of… amount of Methadone capacity and so we are really wanting to look at the availability of medications for addiction treatment more broadly than perhaps other jurisdictions where Methadone is essentially unavailable.

CHAIRPERSON LEVIN: Right and that article by the way which I know you wrote a letter to the editor following up on speaks to the fact that New York City in… developed the, the infrastructure for, for Methadone, you know in a prior generation so we, we have that existing infrastructure mostly in place.

GARY BELKIN: Unfortunately, too few of those 1,900 are prescribing in the sort of volume that… [cross-talk]

CHAIRPERSON LEVIN: Yeah, that's… I'm going to turn it over to Council Member Holden for questions.

COUNCIL MEMBER HOLDEN: Yes, thanks Chairs Ayala and Levin for your leadership, it's, it's obviously comprehensive and what I… what I want to ask and I want to thank Dr. Belkin and certainly Commissioner Banks for your testimony today which is again very enlightening however we are, you know behind the curve here, we are doing catch up and we, we… I'm really… I really want to focus on certainly the path to recovery because that seems to be the answer here to… once we identify addiction they go into a recovery… it's my understanding they can opt

out at any time obviously a patient or a client, is that true if they… if they have a serious problem… let's say they did overdose, they go into the system, they go into recovery, what happens, can they just opt out and say I can't do this anymore?

GARY BELKIN: Yeah, we, we don't have legal sanction to force treatment.

COUNCIL MEMBER HOLDEN: So, at, at a point though you can only do so much if they don't want help we could… we'll lose them and so obviously education is important here and reaching those, the age group I think we said 25 to 34 we're lose… that's the number one cause of death in, in that age group so what's being done for the outreach other than what you mentioned in your testimony, what, what other things could be done with more money, more money put into the system here to reach those people?

GARY BELKIN: So, we are… you know we're looking at every… we're constantly rethinking in real time what we've already put on the ground so as fast as we're putting all these things that you've heard on the ground we're thinking about what are they telling us about where we have to go next, what's working, what's… where are we… where is the resonance

happening that's bringing people in. So, I don't have an answer for you right now but we… I want to assure you that we, we are not standing still, I mean this is… what we've presented is a summation of, of a lot of activity over the last year or so but its going to… as, as if… I testified a year ago I wouldn't have known exactly where we'd be a year from now, but I knew we wouldn't be in the same place and I assume… I think the same will be true a year from now but you're hitting on exactly the source of things we have to do. What Chair, Chair Levin talked about in terms of making certain forms of hard to reach treatments reachable but largely, you know we have a lot of unused treatment capacity and we need to get to folks to address stigma, give them information, lead with harm reduction because that is really often the way in for, for many people and, and make it again a path of least resistance to get… to get to the care that we have. So, that's a lot of figuring out communication using credible social networks and messaging in the communities that are most hit which is why we've developed a lot of these pace… place based targeted approaches and my guess is we'll be

expanding those as we learn which ones are most effective and we get more bang for the buck.

COUNCIL MEMBER HOLDEN: Commissioner Banks how, how are they getting the drugs into the shelters if they are at all, I know we check for weapons are we checking for anything else?

STEVEN BANKS: Well I think what the NYPD now is overseeing our security and so they have put in place I think much more effective than ever before contraband interdiction. One of the things that we are starting next month is a new training facility for peace officers that the NYPD has established within the Bedford Atlantic shelter and one of the things that is there I can… I've seen it myself with my own eyes is, is a training set up of how to actually do appropriate searches for people coming into shelter but I think it's like the society overall, people are able to get things that they have… are… have a craving for but I do think that with the NYPD running the shelter security that we have seen improvements and we'll continue to see more particularly this new training facility.

COUNCIL MEMBER HOLDEN: But we are seeing an increased amount of deaths so obviously something else has to be done… [cross-talk]

STEVEN BANKS: Again, I think the… I think the NYPD's focus and… on this is, is laser like but I also want to reiterate something I said earlier in my testimony that some of the overdoses and… as well as some of the overdose deaths that we see are from people using the substance outside of shelter coming into shelter and that's something that we want to see what innovative things we can do to try to address that but we're, we're… I think you put it well whether its trying to get somebody on a pathway or trying to make sure that we can keep contraband out of shelter we are not… we are ever vigilant we're not say, saying to ourselves alright well that didn't work nothing else we can do, we're… we continue to try to engage people to get to treatment and we continue to try to refine our efforts to keep contraband out of shelters.

COUNCIL MEMBER HOLDEN: And one other thing, Naloxone 45,000 kits were… are… were being produced or being distributed you said earlier was

that… and you said you want to go to 100,000, how much are these kits per, per unit?

STEVEN BANKS: They're roughly about 70 dollars apiece.

COUNCIL MEMBER HOLDEN: 70, 70 dollars a piece so… and when… and you don't have the data yet on, on how effective they are, we'll, we'll see… we'll be able to tell later on but… because this… Fentanyl is… it, it gets to a point where somebody that, that Naloxone won't help and we'll have to have alternative measures to help them obviously and we identified… and we identified… [cross-talk]

GARY BELKIN: Yes… [cross-talk]

COUNCIL MEMBER HOLDEN: …those… [cross-talk]

GARY BELKIN: Yeah, so we are… so we are… so I mentioned overdose deaths in general but there are other ways we're trying to understand the effectiveness of our Naloxone distribution and one is following up with users and people who've distributed them to understand and we've done some earlier studies looking… interviewing and following up with responders in terms of the likelihood of use, the outcome of, of the reversal to refine and target our

distribution to get into those opportunities to really be used effectively and so that's part of… part of the learning curve I talked to you about, you know you were asking what do we need to do more of so we need to do more of the things that we're learning or getting these into the situations where, where they save a life so we can focus that, that 100,000. So, I, I don't know if that answers your…

COUNCIL MEMBER HOLDEN: Yeah, thanks.

COUNCIL MEMBER AYALA: Commissioner could you… could you explain what happens with an individual who comes into shelter and is… when NYPD is doing I guess the, the, the initial search or whatever as you're entering found to have drugs on them like are they arrested?

STEVEN BANKS: The NYPD applies the same enforcement authority in their oversight of our shelters that they do in the streets. If somebody has an overdose the focus is to save a life, if somebody is bringing contraband into the shelter NYPD's oversight will have all the same enforcement that would happen if somebody was bringing contraband into this building.

COUNCIL MEMBER AYALA: Do you happen to have the number of individuals who were arrested in shelter… [cross-talk]

STEVEN BANKS: We'll… [cross-talk]

COUNCIL MEMBER AYALA: …for bringing in contraband?

STEVEN BANKS: We'll, we'll have to get that for you.

COUNCIL MEMBER AYALA: Could you please, thank you.

STEVEN BANKS: If, if I could just amplify my answer slightly, as, as you can see we have very complicated choices to make here, on the one hand we want to take a harm reduction approach, on the other hand we want to have a safety approach and one of the things I said earlier in this testimony was a, a very high priority for us is bringing people in from the streets and so we want people to come in from the streets and feel safe and part of that is to have the NYPD security approach and safety approach which is very important at the same time we want to be able to meet people where they are and help them get on a path to recovery,

that's the complexity of the task that we have to do every day.

COUNCIL MEMBER AYALA: Yeah… no, I, I appreciate it, but I mean we're, we're… [cross-talk]

STEVEN BANKS: I'm… [cross-talk]

COUNCIL MEMBER AYALA: …moving, moving away from criminalizing, right drug abuse and so I, I just… I don't know that… I think a little bit counterproductive if we're arresting people in shelter because they're coming in because they have a substance abuse issue with paraphernalia on them so, I, I, I think that this merits further conversation, you know and, and also… I don't know… I don't know how we approach it but I, I thank you for bringing that up because it, it didn't even occur to me but it's a concern.

STEVEN BANKS: It, it is and we're happy to continue discussions, of course we want to prevent contraband from coming in that could… [cross-talk]

COUNCIL MEMBER AYALA: No, I understand… [cross-talk]

STEVEN BANKS: …be sold… [cross-talk]

COUNCIL MEMBER AYALA: Understood… [cross-talk]

STEVEN BANKS: …that could lead to overdoses… [cross-talk]

COUNCIL MEMBER AYALA: No, I… [cross-talk]

STEVEN BANKS: …so again it's a very complex series of, of challenges that we have in terms of safety and in terms of meeting people where they are.

COUNCIL MEMBER AYALA: Yep, no, got it.

CHAIRPERSON LEVIN: Thank you. So, I have some… a few more, I appreciate your taking the time. Commissioner Banks I wanted to ask about HRA services, so there's… we have a… following up on the, the question I had around the federal funding, so we have here 54 million dollars in substance abuse services program in the HRA budget for rehabilitation then an additional 15 million dollars as part of We Care for Employment for Disability claimants and that's in addition to HASA…

STEVEN BANKS: Correct.

CHAIRPERSON LEVIN: So, that's a total of… not, not all of that was baselined so there was an adopted… there… seems to be more in, in last years adopted budget than in this year's prelim which we

can talk about at the… at the budget hearing but I just wanted to, to get a… drill down a little bit more on that 54 million dollars for substance abuse services programs and whether that… those are… what those programs encompass and whether there's, you know prohibitions on any medically assisted treatments?

STEVEN BANKS: Okay, so let me… let me try to give you an, an overview and I'm, I'm sure at the budget hearing we'll have more time to get into it more deeply. So, We Care does not provide direct treatment, HRA clients including those who may be in We Care with substance use disorders are referred for substance use assessment and that's conducted by again a credentialed alcohol substance abuse counselor and clients who are identified as having a substance use disorder are offered a referral for appropriate treatment as needed including medication assisted treatment such as Methadone, Buprenorphine or harm reduction services… [cross-talk]

CHAIRPERSON LEVIN: Uh-huh… [cross-talk]

STEVEN BANKS: …and those identified as using opioids or in contact with other clients using opioids will be offered restarter training and

provided with, with Naloxone as part of our overall approach. Now we have sort of three substance use case management programs for… that are among the kinds of programs that you were… you were asking me about… [cross-talk]

CHAIRPERSON LEVIN: Uh-huh… [cross-talk]

STEVEN BANKS: …and some of these are residential treatment center type programs, some of those are sort of substance use assessment services and some of them are comprehensive service models like NEDAP and, and things that, that you're familiar with… [cross-talk]

CHAIRPERSON LEVIN: Uh-huh… [cross-talk]

STEVEN BANKS: …and part of… these services relate back to our underlying obligations under federal and state law to provide rehabilitative services and to also connect people to employment who are able to work… [cross-talk]

CHAIRPERSON LEVIN: Is part of those rehabilitated services are… is, is, is medically assisted treatment part of… part… allowed as part of… in, in terms of federal rules that you operate under, is it allowed in terms of drawing down those funds, are those funds able to, to either be in referral to

that or to compensate physicians or, or other costs associated with the prescription… [cross-talk]

STEVEN BANKS: I'm going to need to get back to you on the details on that either at the hearing or be, be, beforehand, the big change we made… [cross-talk]

CHAIRPERSON LEVIN: Uh-huh… [cross-talk]

STEVEN BANKS: …from what the prior administration's policies were was introducing harm reduction as an available service that we provide to clients so… [cross-talk]

CHAIRPERSON LEVIN: Including MATs or no?

STEVEN BANKS: Its, its… again its more complex than that so I think we'd, we'd be better served by laying it out more clearly in our… in our budgetary testimony.

CHAIRPERSON LEVIN: Okay, we can follow up on that. Okay, I'm going to jump around here because I got sort of some, some loose ends. Back to the MMR numbers, you don't dispute those numbers, right?

STEVEN BANKS: No, no, no as I… [cross-talk]

CHAIRPERSON LEVIN: Those numbers are, are legit…

STEVEN BANKS: No, no, no and I think that's why in my testimony I wanted to be careful by making it very clear that as I think Council Member Holden said that whether you've got one death or the numbers that you've described I'm… we're concerned about it.

CHAIRPERSON LEVIN: Uh-huh… [cross-talk]

STEVEN BANKS: Outside of this, you know there's been a lot of discussion about these things and I think the best way to look at these things is the MMR, the Health Department's death report we use to evaluate our services and see where we can provide enhancements so… [cross-talk]

CHAIRPERSON LEVIN: But if there's… you know if we're looking at a fivefold increase… [cross-talk]

STEVEN BANKS: If I… [cross-talk]

CHAIRPERSON LEVIN: …if allocation of resources need to be… in the… in the… in…

STEVEN BANKS: If I could just finish…

CHAIRPERSON LEVIN: Sure…

STEVEN BANKS: So, for example the training initiative to, to first, first responders was a part, an initial reaction to the Health Department's report, the data has got us very much focused on how can our providers connect clients to services and what other metrics can we put in place to focus on that so the MMR numbers, the PMMR numbers and the annual Health Department report are all instructive for us in terms of making changes and we're going to keep making changes.

CHAIRPERSON LEVIN: In connecting… this is a big picture question.

STEVEN BANKS: Sure.

CHAIRPERSON LEVIN: Strategically are we looking at on site services as being a better connection to, to, to a primary care model or, or a connection… you know wrap around services including Methadone… [cross-talk]

STEVEN BANKS: I think it… [cross-talk]

CHAIRPERSON LEVIN: …or are, are, are we… you know are we… do we choose one or the other, do we rely on existing networks of, of you know… I, I don't know which… the Article 28 serve… you know whichever programs have are licensed providers, you know with,

with, with Oasis, you know some… which some are or are we saying, you know HHC is the… is the… you know should be the backbone of all of this and moving to a… I don't know what that would be an offsite model or a satellite model or… I mean I, I'm, I'm… I don't quite get the big picture strategy of… with… as in that intersection between the need for treatment, I, I appreciate all of the Naloxone kits and the bills that we do around Naloxone that's great we need it, right, those are going to save lives what is the strategy for connecting people to primary care, this is a health issue, what is the strategy for connecting people in our… in our care, I mean we're… they're, they're living in a… in a city facility connecting those people to… and I just… I don't… I'm, I'm wondering what is that… what is that big picture, are we… is it on site, is it… is it through HHC, are we leveraging parts of both, you know if we were to try to put it on a… if we were trying to draw it out what does it look like?

STEVEN BANKS: I mean again going back to the testimony the strategy up to this point is not a one size fits all and to allow different kinds of models to develop, some on site services, some

taking… making use of the federally qualified health centers… [cross-talk]

CHAIRPERSON LEVIN: Right… [cross-talk]

STEVEN BANKS: …but I also think that, you know we made the reforms at HRA was to get away from the one size fits all when we began implementing the forums at, at DHS over the last two years, it's been avoid… getting away from the one size fits all, we're certainly taking a look at what's worked and what could work better as we move forward in the midst of this epidemic and so I think the questions you're asking are okay, our big picture was we're going to have a, a… sort of a breath of different approaches to avoid some of the client issues, client choice is important here, stigma is important, perhaps the client wants to get services off site rather than on site, how do you allow for both, how do you set that up and we've been providing a lot of flexibility. We're going to take a look at how that operates as we go forward and open the new shelters… [cross-talk]

CHAIRPERSON LEVIN: Uh-huh… [cross-talk]

STEVEN BANKS: …some of them are opening with different models than we've used before and

we're going to see which ones are, are more effective.

CHAIRPERSON LEVIN: Dr. Belkin when you mentioned around the FQHC initiative you said when fully operational these initiatives will have the capacity to serve over 2,500 patients, when, when will they be fully operational, its on page three of your testimony?

GARY BELKIN: Yeah, at, at that scale, when do we… when do we think they'll be… because we're also looking to expand…

CHAIRPERSON LEVIN: Uh-huh.

HILLARY KUNINS: To… just to answer that too, there… the seven… or first funded seven organizations across 14 sites are all currently operational, they are in the process of receiving referrals and so that number refers to what they're total capacity will be once all the prescribers are… go up to that 100 percent cap… [cross-talk]

CHAIRPERSON LEVIN: Okay… [cross-talk]

HILLARY KUNINS: …so they need to be prescribing for a year then they'll be able to go up to that cap and they… [cross-talk]

CHAIRPERSON LEVIN: You have to refer… [cross-talk]

HILLARY KUNINS: …need to get referrals and patients coming in… [cross-talk]

CHAIRPERSON LEVIN: Are they getting… [cross-talk]

HILLARY KUNINS: …as well… [cross-talk]

CHAIRPERSON LEVIN: …referrals from shelters… from the shelters?

HILLARY KUNINS: We are working with our colleagues at DHS to facilitate that.

CHAIRPERSON LEVIN: Uh-huh…

GARY BELKIN: And, and just to… the innovation here is not just that its at FQHCs but that its nurse care manager led so that gets through this, this idea that the physician could be the bottleneck of the hundred… of, of really reaching the capacity… [cross-talk]

CHAIRPERSON LEVIN: Right… [cross-talk]

GARY BELKIN: …is adding this other team member who really can, can work through that and we think that's the innovation here and, and hopefully we can prove that concept and spread it.

CHAIRPERSON LEVIN: Okay. Just a couple more things here. The Healing… [cross-talk]

GARY BELKIN: You're, you're not going to ask about SIFs again?

CHAIRPERSON LEVIN: No, no I'm… I, I got the SIFs, Healing… the Healing NYC funding, 38 million dollars, 15 million dollars to NYPD that's raised a lot of eyebrows, people have been concerned about why so much is going to NYPD and not towards treatment, you know it's a finite pot why not make it 38 million dollars for, for treatment and… 38 million dollars for treatment and, and, and say you know NYPD could be covered in the NYPD budget?

GARY BELKIN: Well I mean a couple of things, one is I don't think that's the last pot as I was saying, I think we're dealing with a dynamic response but… [cross-talk]

CHAIRPERSON LEVIN: But OMB doesn't have a… you know…

GARY BELKIN: But… right, but… [cross-talk]

CHAIRPERSON LEVIN: Bottomless… [cross-talk]

GARY BELKIN: …but even… but even how we… even with the, the programs that we have how we can tool and scale them in ways that, that may not be as resource intensive but I mean NYPD we work with very closely which is itself an important accomplishment and have very frank conversations about the division of labor, Fentanyl has changed the game here and disrupting Fentanyl during the pipeline is an important part of law enforcement that needed to be bolstered… [cross-talk]

CHAIRPERSON LEVIN: Uh-huh… [cross-talk]

GARY BELKIN: …but also you know a lot of the programs we mentioned NYPD contributes to their carries of Naloxone as first responders as you know so there's resources for that, the co-response teams which were increasingly thinking about as alternative ways that behavioral health emergencies and overdose emergencies be… get a mental health response, they have been promoters of advertising and sending the message around good Samaritan laws which is… you know coming from NYPD as the messenger that please call when you're with an overdose this will not lead to arrests is really important… [cross-talk]

CHAIRPERSON LEVIN: Uh-huh… [cross-talk]

GARY BELKIN: …so there are many ways that they partner and, and they receive resources for that.

CHAIRPERSON LEVIN: You mentioned… [cross-talk]

GARY BELKIN: But, but I… but I would want to underscore this, this is a public health led response and this is a, a cultural transformation since the city last took on a heroine epidemic.

CHAIRPERSON LEVIN: I mean we didn't even talk about Oxycodone and Prodipine and all of what's led to this in the first place which is so infuriating its hard to even contemplate.

GARY BELKIN: But it does… it does point out one thing that we didn't outline as I realize in, in my testimony, a big investment in getting prescribers to change their… what they do… [cross-talk]

CHAIRPERSON LEVIN: Yeah… [cross-talk]

GARY BELKIN: …and that means not just messaging but hands on in the office detailing in high prescribing areas.

CHAIRPERSON LEVIN: Fentanyl testing strips, we've heard that, that that is something that

people want more of, are we paying for that out of Healing NYC funding and is there an opportunity to… I mean that clearly saves lives, I mean you know just making sure that if you have Fentanyl in your heroine… you know I think a lot of people would choose not to use that bag if it contained Fentanyl, I mean I would imagine right, its six times stronger.

HILLARY KUNINS: So, there's been a lot of coverage nationally about the use of Fentanyl testing strips, these strips were developed for actually testing peoples urine so… as sort of a urine analysis, there has been very little science to date about the accuracy of the Fentanyl test strips for detecting the Fentanyl in, in actual drug specimen and there's just some recent data just now from a group at Hopkins and Rhode Island and we are actively looking at those… that very new science and we'll evaluate this as a policy, we're not… [cross-talk]

CHAIRPERSON LEVIN: You don't want any false negatives, right?

HILLARY KUNINS: So, you don't… one doesn't want to see a… exactly, a false negative which could be falsely reassuring indicating that there's no Fentanyl when there actually is so we're

very eagerly partnering with folks here in New York City and, and other jurisdictions to examine that.

CHAIRPERSON LEVIN: And just to be clear so the public knows this that Fentanyl could be cut into a bag of heroine and not evenly and so it could be in dose number four out of a bag of five doses.

HILLARY KUNINS: That's right, there's uncertainty of dosing and there's also as you… as Dr. Belkin mentioned earlier or Commissioner Banks its also being cut into other illicit substances including cocaine, including fraudulent pills and that's what is concerning uncertain dosing and available in non-opioids, non-heroine drugs.

CHAIRPERSON LEVIN: And then my last question for… and you can stay if you want. You mentioned Rhode Island and we talked about Rhode Island before there's a… there was a new program that was developed out of Brown University working with the Rhode Island Department of Corrections around making sure that when people are entering their corrections system that, that there's… that, that they're, they're connected with some medically assisted treatment and I was speaking to an individual who works in Rhode Island with the

Governor's Office on these issues yesterday and I said how many people are in your… in your system and he said there are 3,000 in, in the Rhode Island Department of Corrections, we have 10,000 at Rikers, what are we doing around Rikers because that's… I mean as you… you know that's where you lose your, your, your tolerance and puts you at a greater risk when you come back out for overdosing?

HILLARY KUNINS: So, I don't want to speak for my colleagues in Health and Hospitals Division of Correctional Health but what I will share is they have a very… the oldest jail based Methadone maintenance treatment program I, I believe in the United States they also are increasing access to Methadone as well as access to Buprenorphine care very much eager to adopt evidence based practices as widely as possible. However, our jail… prison system in New York State does not routinely offer medications for addiction treatment… [cross-talk]

CHAIRPERSON LEVIN: Uh-huh… [cross-talk]

HILLARY KUNINS: …and that is a huge source of vulnerability and one opportunity as Rhode Island did to make medication treatment available really throughout the correctional system and as they

it sounds like you're aware of a report that just came out that is being attributed to a decrease in overdose deaths following release from… for… from correctional.

CHAIRPERSON LEVIN: Okay and then just following… [cross-talk]

GARY BELKIN: And as you know we're distributing Naloxone fairly intensely there both to folks who are incarcerated but also their families.

CHAIRPERSON LEVIN: You mentioned the… on the… going out to the emergency rooms and you said five, five emergency rooms going up to ten, which ones are they, we didn't… we didn't… we didn't cover which ones they are?

GARY BELKIN: Yeah, so the current five are Columbia Presbyterian, Montefiore MC, Saint Barnabas, and… where? Maimonides.

CHAIRPERSON LEVIN: Right, so none of those… those are all private hospitals, none of those are… [cross-talk]

GARY BELKIN: Well Health and Hospitals working in parallel to develop a similar capacity so it's, it's in addition to what we hope exists there

and we're looking as I said to expand ours to five… to five more.

CHAIRPERSON LEVIN: Great so hopefully it'll get to all, right?

GARY BELKIN: Well we want to get to the bulk of where non-fatal overdoses happen…

CHAIRPERSON LEVIN: Right but you just spoke to just this wide geographical… [cross-talk]

GARY BELKIN: Yeah… [cross-talk]

CHAIRPERSON LEVIN: …you know from, from… you're coming from Maimonides to Montefiore, right so… [cross-talk]

GARY BELKIN: Yeah, yeah… [cross-talk]

CHAIRPERSON LEVIN: That's a large… [cross-talk]

GARY BELKIN: But we're looking at the volumes that these hospitals and we're trying to hit the ones that are getting the greatest volume and well I think we're going to get there.

CHAIRPERSON LEVIN: Okay, I mean that's something that we got to continue to focus on.

GARY BELKIN: Yep.

CHAIRPERSON LEVIN: Alright, that's it for me. Let's keep on talking about all this stuff,

you know I think that we need to be doing more and, and more comprehensively and you know this is… you know every generation we don't get to choose our… the issues that we… you know that are the crisis that we're dealing with and this is something that our generation has to deal with and we have to step up and do that and… to the extent that like, you know we need to make sure that, that everything that's… everything's on the table and nothings… you know that, that it… really we can't… you know I'm not saying you guys are but cost shouldn't be an object in this… in this instance we need to be doing everything that we can capacity wise within our capacity and then… and then working on expanding that capacity, that's my opinion. Okay, thank you all very much.

GARY BELKIN: Thanks.

STEVEN BANKS: Thanks.

CHAIRPERSON LEVIN: Okay, I'll call up first panel; Andrea Littleton, BronxWorks; Cecilia Gentili, GMHC; Catherine Trapani, Homeless Services United; Doug Berman, Coalition for Behavior Health Agencies.

COUNCIL MEMBER AYALA: In order to accommodate everyone, we're going to have… you're going to each have three minutes on the clock so please stick to that.

CATHERINE TRAPANI: I'm so sorry I have a meeting across the street in 15 minutes so I'm going to try to go first and stick to my time.

COUNCIL MEMBER AYALA: Well you only got three minutes, so you have… [cross-talk]

CATHERINE TRAPANI: Okay… [cross-talk]

COUNCIL MEMBER AYALA: …time… [cross-talk]

CATHERINE TRAPANI: …good. Excellent. My name is Catherine Trapani, I'm the Executive Director at Homeless Services United and I really just want to first thank the council, it was so nice to see so many members here today that this issue is getting the attention that it deserves, this is a public health crisis and people are dying and it is critically important that we bring all the resources that the… that the city has to bear to combat this crisis so thank you very much. I also want to knowledge the… what I believe to be really good work by the Department of Homeless Services to get

Naloxone out into the shelters and, and to get everybody trained, you know we're often critical with DHS but I think in this instance they've done an excellent job of making sure that for person's that are overdosing treatment is available on the spot. So, I'm going to really dedicate my testimony for saying well what next because its clearly not enough and so certainly we can treat an acute situation with… administer Naloxone which is what we're doing which is excellent but we need to make sure that appropriate treatment for addiction and prevention of overdoses is available and so people are talking a lot about harm reduction, I think that means different things to different people so I really just want to say that harm reduction isn't Naloxone, harm reduction is an approach to treating addiction and really meeting people where they're at and making sure that the resources are available wherever the person is in the continuum of care, small safe continuum of care wherever they are in their journey from homelessness to housing. So, Commissioner Banks spoke about the, the notion of client choice and how some shelters have medical services on site and some don't, I think client choice is a little bit of a

misnomer to characterize that situation because the client doesn't get to choose which shelter they go to and what, what kinds of services are available there. So, HSU's recommendation is really to make sure that all shelters are equipped with care that is on site and that there is a robust community care network so that the client gets to decide if they want treatment in the shelter facility or if they'd be more comfortable going to a community provider. So, that's sort of issue number one that I wanted to respond to. Issue number two just really agreeing with everybody that we need to double down on the number of physicians that are able to prescribe Buprenorphine, there's not enough, it should be a requirement that all Health and Hospitals doctors and nurse practitioners go through the training required to get the DEA waiver so that where our clients tend to present for care there is an option. We would also like to see a doubling down on the public education campaign, I know that the city's done a great job with the posters, advertising on Naloxone training, I think that we need to have a similar public education campaign to talk about Buprenorphine and other treatment options that really speak to wellness and

meeting people where they are so not just that if you OD somebody might be able to revive you but if you want to be well and not experience withdrawal symptoms and, and seek treatment what kinds of treatments might be available so really speaking as you mentioned Chair Ayala to the needs of the persons that might be experiencing the crisis. So, I think that is my three minutes… [cross-talk]

COUNCIL MEMBER AYALA: We're going to give you an extra minute, we're extending it… [cross-talk]

CATHERINE TRAPANI: Thank you… [cross-talk]

COUNCIL MEMBER AYALA: …to four.

CATHERINE TRAPANI: Oh, I appreciate that. Okay, so, so then final word that I want to say is that, you know we've lost more people to the war on drugs that we've lost… than we lost to the Vietnam War. People are dying, and I think that, you know if we're not bringing all of the resources to the table then we're, we're simply choosing not to act, I think we know what works. We know that harm reduction works and, and real harm reduction not just overdose treatment and so when we talk about safe injection

sites and other treatment options that I think a lot of people feel might be really controversial, I mean I… all I can say when I think about this is thinking about the leaders in the early days of the HIV epidemic when, you know people were dying in large numbers and there wasn't really a political will to act and it took decades thanks to some of my colleagues that are frankly in the room today to really fight for those resources. The situation is much the same then and now and we really need to be aggressive and imbed these treatments in the homeless services programs as well as in the community program so I would love to see safe injection sites co-located in drop in centers in shelters and in places where people are already presenting to care to make it as easy as possible to access and now I really will hush up. So, thank you very much for the opportunity to testify, I appreciate your… [cross-talk]

COUNCIL MEMBER AYALA: Thank you… [cross-talk]

CATHERINE TRAPANI: …work… [cross-talk]

COUNCIL MEMBER AYALA: …thank you for your testimony.

CECELIA: Hi, my name is Cecilia Gentili, I am the Director of Policy at GMHC, but you know I'm… I will speak today… but I, I made an effort to come because this is very personal for me, you know I used opioids for about ten years, I OD a couple of times, one of them was… I appreciate what you mentioned, coming out of Rikers like you know going back to… you know shooting dope, I OD one of those times. Since there was never a, a choice for me because I'm a transgender woman and at the time it wasn't a choice and I still believe that today the shelter is not a choice for trans people so for some reason many, many things came together and I found a way to find recovery and that's the approach that I think that we need to take is many, many, many different things that we have to do. At GMHC we believe the New York City and New York State need to learn from the lessons of the HIV response and develop a plan to end the opioid crisis in the city by this date of 2025 employing a similar process of partnering with relevant stakeholders to draft a comprehensive strategic plan to address the problem, it's not just one thing its going to be a… like a, a, an intersection of many, many different things that

we have to do. Programing on education and prevention issues, intervention and strategies to address overdose and prevent overdose deaths, harm reduction strategies that provide effective treatment for addiction such as improving access to Buprenorphine and all Methadone, management of ongoing drug use including access to clean needles and the opening of safe consumption facilities. I… you know I… when I was using I was going to use, you know what, whatever… you know nothing was going to stop me from using so I think its better if… you know for people that are going to use to have a safe space to do it, it doesn't get better than that, you know the McDonald's bathroom doesn't have a nurse to help you if you overdose, right, a supervised facility does and if you made a decision to, to do something about your addiction you can have somebody there helping you go, you know through that process. Its, it's amazing, the concept is amazing, and it does work. Addiction treatment access including funds for expansion of access to Buprenorphine allowing people in shelters. The response to the overall issue of pain management which drives the opioid use, we need to develop better pain management strategies,

development of road maps to care for different client population including those living on the streets, those in supportive housing and those in normal shelter settings. Intervention for prevention of blood borne infections like HIV and Hepatitis C due to high risk sexual behavior and intravenous drug use, while I was shooting dope I contracted Hep-C and I'm, I'm glad that I was able to get the treatment now, but you know its something that is inconvenient. Addressing the chronic instability that often accompanies opioid addiction, providing access to and funding for health care and safe housing through linkage agreements and the development of health care facilities in housing for poor people living with substance abuse and mental health issues. Like the HIV and AIDS epidemic, the opioid epidemic is a public health crisis and will require a comprehensive strategy that incorporates all components of a continuum of care and support for opioid users and one that involves all stakeholders at all levels for the response. Without this kind of comprehensive response with buy in from all stakeholders the opioid epidemic will continue to spin out of control and the

city and the state will continue to needlessly lose thousands of citizens each year.

COUNCIL MEMBER AYALA: Thank you Cecilia.

ANDREA LITTLETON: Thank you. My name is Dr. Andrea Littleton, I'm the Medical Director at BronxWorks and I wanted to thank you both for being… raising this and having this arena to talk about this epidemic. As you know BronxWorks is in the South Bronx and has been really hit by this epidemic. I'm not only Medical Director at BronxWorks, I also am an Associate Professor of Medicine at Einstein and Montefiore Hospital and I work with Care for the Homeless to provide the services that we do at BronxWorks at the Living Room Center which is the drop-in shelter in the Hunts Point area of the Bronx. I also teach residents and medical students and so bring them into the shelter and try to help… deal with and address the, the epidemic and the stigma that goes with the epidemic so that we can get more physicians trained and feeling comfortable not just having the waiver but actually using it and prescribing Suboxone. In the Living Room in the clinic that I work at I have about 40 patients that I treat with Buprenorphine and its been very helpful to

many of them, three of them had overdosed in… at the Living Room and then were… been engaged in care and have been successfully not using for the last several months. As you know to combat the issue you have to tackle it in many ways, I think that Buprenorphine is one of the paramount of that, we've talked about that as it really being the gold stone of treatment but I think that other things are necessary to include in that treatment having it co-located at the shelter where the clients are actually using I think is paramount, you have to reach them where they're at and that's the best way to kind of engage them in getting care. So, having more shelters that have clinics inside of them I think is crucial to helping deal with the epidemic, increasing access to harm reduction treatment approaches as well is very helpful and connecting them to services. The safe injection sites are very important as well because as she mentioned some people who are still using are still going to want to use. One of my clients who is being treated for Suboxone has relapsed and you know he said that basically where he's at, at this point in his life he has been incarcerated half of his life, he has no family or friends who want to engage

with him, he's living in a shelter, he says this is the only thing I can do to feel better, you know and so even being treated with Suboxone he's still using so having places that they can use safely so that they're not going to die from their addiction, you know from their disease is crucial as well. So, I hope that we can hear continuing conversations to get safe injection sites into New York City because that's paramount as well. Another important thing is what the city is already doing in terms of accessing people to Naloxone and Narcan training and they've done a very good job with that and have supported us greatly in the shelters and getting all of our staff trained I think expanding that training to make sure that it gets to the clients who need to use it whether it's in the shelter or not is also crucial so kind of continuing to expand that and get access and training to the people who are using continues… needs to be done as well. Dealing with public access I think and public awareness is crucially important too, so trying to get teaching and training in the school system making sure that children are aware of the harms that happen with it, use… making sure that people are aware of having Naloxone and the

availability to use it for all their family members I think is also really important and just dealing with the stigma of, of drug use and dealing with it as a medical condition and not criminalizing it is also important. Thank you so much for having this and having… I hope we can have a task force that kind of continues this conversation, I would be more than happy to be very much a part of that because we need to continue to have this conversation going and look at ways that we can help the city address this problem. Thank you.

COUNCIL MEMBER AYALA: Thank you.

DOUG BERMAN: I'm Doug Berman, I'm the Vice President for Policy at the Coalition for Behavioral Health which represents about 140 non-profit community-based agencies serving more than 450,000 consumers. Many of our members operate not only behavioral health clinics but operate shelters, housing, and health clinics as well, many of them are here today; Acacia, Gay Men's Health Crisis, BronxWorks, Project Renewal and Care for the Homeless. So, we're very grateful to be able to speak here and speak for those of our members who are not present. Our members know what works, they are

experts in mental health and substance abuse services, the problem is, is they don't have enough resources to meet the demand nor to address many of the collateral services, what we call social determents of health that are really necessary for recovery. Our members who operate shelter are especially disturbed with the rise in opioid deaths among the homeless community, they're very concerned for the people who they have… they take care of but the coincidence between mental health substance use disorders and homelessness is saddening but its unavoidable given the prevalence of individuals with mental health and behavior… and substance abuse disorders who are living within the shelter system. While the estimates do change and, and are varied between the shelters, they generally estimate that 20 to 25 percent of the individuals in the shelter system have some sort of mental disorder. Unfortunately the need to help them is really sincerely hampered by the shortage of behavioral health professionals in New York City, the Shaker Center at the… UCLA recently did a study of designated shortage areas for mental health professionals in New York City of those 30… those

designated shortage areas represent 30 percent of the population but in those areas there are only 82 full time behavioral health professionals to fulfil the needs of most of the people who are low income and living with some sort of mental health disorder yet when they looked at that and they sort of looked at what the appropriate staffing patterns would be for behavioral health shortage areas they estimated that we would need 118 more behavioral health professionals in order to meet the demand of individuals who are afflicted with substance use disorders. I would like to just mention three resources that I think are important particularly when we talk about medical assisted treatment. I was very pleased to hear the offing about FQHCs being used by the city to work with individuals and I, I just wanted to just sort of say that the health care for the homeless program which is rather important is among those FQHCs but those are specialists in providing services to individuals who are homeless and I do hope that more than the seven that they mentioned are actually being drawn into this battle against opioid use, there are I believe 14 organizations that provide services specifically to

homeless individuals. The other two areas I would like to mention of course of the community based behavioral health clinics that we represent and also a demonstration program by the federal government for certified community behavioral health clinics. There are five in New York City that are being funded by the federal government and they are required to include substance use disorders within the services that they are providing. Thank you very much for this opportunity and I hope we can talk again at much more length, thank you.

COUNCIL MEMBER AYALA: Thank you.

CHAIRPERSON LEVIN: So, I want to thank you all so much. If there were, you know one or two recommendations that you could make that the city… for… things that the city could implement now that would have an impact, I mean I… I mean the, the numbers that came out of the MMR… frankly when, when I first heard from Scott a month ago, you know I, I asked around I said are you all seeing what Scott's seeing and I heard from other providers and other people that say oh no, not really, we're not seeing similar, similar… a similar spike at least it was described that way and so I was kind of like well I

don't… maybe… I don't know what's going on here, is it… is there something… is it… is it… is it geographic to the Bronx that there's maybe Fentanyl that's, that's in the supply in the Bronx that's not in the supply in, in, in Brooklyn or what… I don't know what's going on but the numbers that came out in the MMR is showing a 575 percent increase in, in overdoses from, from the four month period in 2016 to the four month period in 2017, I mean I don't know how you can argue with that so, you know just to… just in terms of like really we're in a kind of triage right now like what, what could we do like today that could help stem the tides?

CECILIA GENTILI: I, I cannot stress enough the fact that supervised consumption facilities would change the landscape of drug users in New York City in a way that we cannot even imagine. I also would like to reflect a little bit in my own experience we usually like substance abuse places have a very punitive kind of treatment that doesn't work, we need to have treatment that is compassionate and that is a comprehensive of many others things besides using drugs, right because you just don't use drugs because you use drugs, you use

drugs because it is the whole landscape of you know reality… of your… what your reality is or was that take you there and until… if we don't address, you know drug users in a more comprehensive way its, it's hard to just… remember the Nancy Reagan just don't do it doesn't work, you know you have to… [cross-talk]

CHAIRPERSON LEVIN: Just say no… [cross-talk]

CECILIA GENTILI: You should just say no, right, it doesn't work, its not like that, you know you have to look at it in a comprehensive way in a… in a compassionate way that's what worked for me and it did work for ten years already.

ANDREA LITTLETON: Congratulations…

CECELIA: Thank you… [cross-talk]

COUNCIL MEMBER AYALA: Congratulations…

CHAIRPERSON LEVIN: Congratulations… [cross-talk]

ANDREA LITTLETON: That's wonderful, congratulations. I would agree with her, I think that definitely safe injection sites having them here, I mean, and we've looked at other countries and where… places that they've had safe injection sites have reduced their overdoses, I mean to almost nothing. I

think that having them will definitely change the landscape. Also having people… providers, providers on site at our shelters who are trained and able and willing to prescribe Suboxone or Buprenorphine as treatment as well as having mental health services co-located on site as well to try to address all the other reasons that people are using, I mean people who have been homeless have a history of, you know mental illness and have had neglect and issues that, that have never been addressed and until you do address those you really aren't going to tackle the substance use issues and then kind of continuing to expand Naloxone and try to make sure that everybody has a Naloxone bag, you know everyone, all citizens of the city really should have one and, and know how to use it and I think those, those, those three things can really help change the landscape.

CHAIRPERSON LEVIN: Now so you have… you prescribe Suboxone yourself?

ANDREA LITTLETON: Correct.

CHAIRPERSON LEVIN: Do you have a sense of… so, if, if there is a… so, our system, our home, homeless delivery system in general is, is, is all over the map really, I mean it's, its… there's,

there's providers that have medical directors, there are providers that don't have medical directors… [cross-talk]

ANDREA LITTLETON: Right… [cross-talk]

CHAIRPERSON LEVIN: …so if you were in a facility that doesn't have the, the type of services that you would see at BronxWorks how… are there… and the person presents says look I, I… now's the time I want to get… I want to get clean is there… are there specific hurdles to having access to a prescriber, a primary care prescriber that could prescribe some… [cross-talk]

ANDREA LITTLETON: Yes, I think there are, I mean I think that as I mentioned earlier like there's a lot of providers who have the training but don't actually prescribe, right, so I think finding a provider that's willing to prescribe is definitely a big barrier for a lot of clients in being able to have more providers feel comfortable with training with being able to prescribe I think is crucial as well so that if it is not able to be provided on site there's at least a, a location nearby very close that they could actually get the services.

CHAIRPERSON LEVIN: Right.

CECILIA GENTILI: And I also think that we should also revisit the idea of peer counseling, right, like because if you are in that moment when you say like I'm ready, I think I'm… I think I'm there, I think I'm, I'm done with this and you have a peer counsel like you know in front of you that was like oh I know this doctor in BronxWorks that prescribes, let me take you in there, right and get you right there and then, you know you're… you know boom there you are, you know it doesn't leave that space of like you know doubt and then like oh in two days I may see my counselor and may talk about this in two days most likely you relapsed already and the idea of recovery went away… [cross-talk]

CHAIRPERSON LEVIN: Right… [cross-talk]

CECILIA GENTILI: …so peer counsel is right there and then taking care of you and, and understanding your reality because they've been there before it, it'll change the landscape too.

ANDREA LITTLETON: Right…

CHAIRPERSON LEVIN: That, that article that I was… that I was talking about the doctor… [cross-talk]

ANDREA LITTLETON: Yes… [cross-talk]

CHAIRPERSON LEVIN: …in, in Boston, you know she referred her to a friend of hers that was able to write a prescription, but it was loss of that closeness, there was a relationship between her and her primary care physician that was the thing that was lost… [cross-talk]

ANDREA LITTLETON: Uh-huh… [cross-talk]

CHAIRPERSON LEVIN: …and, and she speaks, you know very eloquently about it, but it was… that was the… so, yes it was… its, its have… making sure that you're taking advantage of the proximity and the time frame and the frame of mind and all of that I want… [cross-talk]

CECILIA GENTILI: Right place at the right time.

CHAIRPERSON LEVIN: Right, right.

DOUG BERMAN: I agree with both of my colleagues, but I want to put an additional stress on the co-location of medical clinics within the shelter system. Having providers who specialize specifically in care for the homeless is essential in order to reach the most difficult people to engage so the use of the health care for the homeless FQHCs by the way should really be thought, we're at an all time low of

medical clinics in shelters. A number of years ago we had about twice what it's… currently have now.

CHAIRPERSON LEVIN: Why is that?

DOUG BERMAN: Well some of… sometime… partially due to the fact that it's very expensive to co-locate clinics, the other thing was I think some misguided policies on the Department of Homeless Services but also a lot of the service model is somewhat changing to healthcare for the homeless actually using mobile medical units and I think it's a transition that is much more cost effective for them but still allows experts in engaging and outreaching homeless people to practice medicine.

ANDREA LITTLETON: I think it's a also a little bit about being more thoughtful of where the services… which shelters they're located at, you know they had a lot of clinics that were located in family shelters where family members already had been connected with an outside provider and so they weren't getting a lot of service, services utilized there and so I think relocating and, you know re-mapping I think which, which clinics and which shelters need the most services and would benefit in kind of targeting those and be more helpful.

DOUG BERMAN: It also had a little bit to do with the transition from FEFA services, Medicaid to Medicaid Manage Care.

ANDREA LITTLETON: Yeah, yeah, it's harder for people to access services then… [cross-talk]

DOUG BERMAN: Yeah… [cross-talk]

ANDREA LITTLETON: …and change their providers.

DOUG BERMAN: And it was harder for the providers to actually provide services to individuals in the shelter who weren't with plans that they accepted.

COUNCIL MEMBER AYALA: So, I think… so, I'm, I'm trying to understand how, how difficult is it to treat a person who has an addiction issue and also is suffering from mental illness, has that… you know is that something that we are addressing as well, I mean my, my committee covers both and I know they overlap, you know often times but I've made referrals personally to, you know programs that exist in my community for individuals with mental health issues and you know they just… they seem to be treating the addiction but not necessarily paying

attention to the mental health component of it and so there's a, a huge disconnect and so individuals end up leaving these programs and are back in the street and are continuing to use?

CECILIA GENTILI: I'm going to go back to my own experience again, I think like in my case you know those two issues live together, right, I was using drugs because I had mental health issues and I had mental health issues because I was using drugs, right so they link together. So, when I went to treatment one thing that worked well for me by being trans is that when I went to treatment they didn't have any trans knowledge about like you know how to… how to give me mental health services and they sent me outside so when I made that connection with a mental health provider that understood me as a trans person and understood me as a person that use drugs and started taking, you know care of all those issues that I was carrying since I remember when I was like four or five years old is that I made that connection and recovery made sense to me for the first time. So, I think like treating these two things comprehensively can make a huge difference in, in the outcomes of people seeking recovery. Usually like

people… you know it is this idea of like you know recovery is just not using drugs, it's much more than that, it's addressing all those, you know issues that we have and, and that's the part where mental health comes really handy and for me… like for some people like you know AA or NA is somehow mental health because you go and you talk, right, in a room of people so that's mental health instead of having one therapy you have like 40 or 50 in the same room and that's wonderful, right, but for me like you know my base of my recovery is my therapies like every week even like you know if… I can't be on vacation, I, I, I skype with her, she's like okay have a life, I'm not… no, no I need to… no I need to talk with you every week. So, you know for me its very important so making that connection in between mental health and, and addiction for me has been… it saved my life it really did.

ANDREA LITTLETON: Yeah, I agree, I think it's, it's crucial, you know to have good mental health services, I think it's sometimes difficult because some mental health providers don't address the substance abuse problems and sometimes they won't even treat, you know if somebody has substance use

problems and kind of trying to find the, the right providers who understand the whole problem and addressing the whole problem is crucial and having that co-located as well, you know because getting the Buprenorphine alone or the medication alone is not enough, they have to have connection to a mental health services, they have to have support services, they have to have all of the reasons why they're using addressed or else they're going to go back.

DOUG BERMAN: Just a statistic, 46 percent of people in New York State with behavioral health order of any type have both co-occurring disorders of mental illness and substance use.

COUNCIL MEMBER AYALA: Very prevalent.

ANDREA LITTLETON: Yeah.

CHAIRPERSON LEVIN: Thank you all, I… thank you for your testimony, thank you for your story, it's, you know really meaningful to, to hear from you.

ANDREA LITTLETON: thank you.

CHAIRPERSON LEVIN: And these are great suggestions, this is just the beginning… [cross-talk]

ANDREA LITTLETON: Yeah… [cross-talk]

CHAIRPERSON LEVIN: …like we want to… I think that, you know we… this term… this is my last term, this is Diana's first term, but this is my last term so I'm like we got to… we got to… I have a… you know a lot… a lot that we want to continue to do and… [cross-talk]

CECILIA GENTILI: And we're, we're here for you… [cross-talk]

ANDREA LITTLETON: Yes… [cross-talk]

DOUG BERMAN: All of us… [cross-talk]

CECILIA GENTILI: …all of you working on this…

ANDREA LITTLETON: Yeah… [cross-talk]

CHAIRPERSON LEVIN: Beautiful, beautiful… [cross-talk]

ANDREA LITTLETON: Thank you so much for everything… [cross-talk]

CHAIRPERSON LEVIN: Thanks for the work you do, thank you… [cross-talk]

ANDREA LITTLETON: …all the work.

CHAIRPERSON LEVIN: Josh Goldfein, of Legal Aid and Giselle Routhier from Coalition for the Homeless; Jasmine Budnella from Vocal New York; Jody Rudin, Project Renewal, is Jody still here? This is

our second to last panel and then we have one more. Thank you everybody for your amazing patience today.

GISELLE ROUTHIER: Hi everybody, thank you for the opportunity to testify. My name is Giselle Routhier, I'm the Policy Director at the Coalition for the Homeless. I want to start by thanking the committees for holding this hearing and, and really note that there's been almost a unified voice here in all of the, the, the solutions that we think are going to work for this problem. So, I'm not going to repeat all the statistics that we… that have been gone over a lot but I want to mention one in particular that one in three reported deaths of homeless people were drug related in Fiscal Year 2017 and that's up from one in five in 2014 so we are absolutely dealing with a crisis and we need to think about the best ways to address that. We wanted to also mention and thank the council for the successful passage last year of Intro 1443 that required DSS and DHS to offer training to staff and shelter clients in administering Naloxone, we think that's a critical piece of what's happening now and some of the increase in incidents that we've seen in DHS as a result of that increased training and we look forward

to the city's plan in which they're going to increase training available specifically to residents of shelters so that Naloxone is in the hands of folks who may sometimes be the first responder on hand, it may not be a staff person. So, and we wanted to mention one of the pre-considered introductions in particular, Intro 1430 which requires DSS and DHS to refer individuals who've received opioid antagonist for additional service, we support this and we, we think that has a potential to help disrupt this cycle. As we talked about getting people connected with services in moments that, that may be most opportune, but we can echo what we've heard here that the unavailable to have treatment and harm reduction services overall remains a barrier to successful engagement among homeless individuals, its vital that a sufficient number of providers in licensed settings be trained to prescribe Buprenorphine. The city should also encourage more medical professionals serving in community based settings to receive the necessary training and we encourage the city and state to partner to increase community based care options with appropriate licensing structures so clients have ample access to medication assisted

treatment and we also want to note the clients who are prescribed Buprenorphine or other opioid treatments who are on medication assisted treatments should receive shelter placements that are consistent with that need where there are services available to actually assist them in continuing that treatment. This year magnitude of the opioid crisis demands that the city take bold steps and we recommend the city reinforce effective harm reduction strategies most of which have been mentioned already such as the opioid antagonist training and distribution, syringe exchanges, Fentanyl testing, also encourage the city and state to license and open supervised injection facilities to reduce the risks of death among people using opioids. Initiatives to reduce opioid use in the shelter system in particular, we do support the increased use of peer support networks, I think that's been proven to be very successful in helping to engage folks at the beginning stages of recovery and Josh will talk a little bit about the rest of our testimony but I want to thank the council for allowing me to speak today and thank you for considering our recommendations.

JOSH GOLDFEIN: I'm Josh Goldfein from the Legal Aid Society, we are counsel to Coalition for the Homeless, we've submitted joint written testimony with Coalition as Giselle mentioned so I'm not going to go through all of that but I, I do just want to highlight in particular a point that Chair Ayala made about use of law enforcement response and what we see a disturbing pattern of kind of the city… one… we have one city but the right hand maybe is not talking to the left hand and so we continue to see arrests taking place for possession rather than diversion to treatment, criminal possession of a controlled substance in the 7th degree is still one of the five most frequently charged crimes. I know there was a hearing about marijuana use earlier about… marijuana arrests and that approach we see apply to other substances as well. We… Legal Aid staff have documented that for instance in Brooklyn police arrest… making arrests outside of Methadone clinics as a way to make easy collars and keep their numbers up which is not the, the right approach to dealing with our substance abuse problems as a city certainly isn't going to help here. And its consistent with a pattern of problems that we've seen

of overzealous law enforcement including warrant sweeps taking place in shelters which are against the NYPD's own policy and are… sweeps for instance in Harlem where the NYPD comes in and removes people's property and chases them out of public spaces rather than adopting a more social service oriented approach and as long as these kinds of approaches are used to dealing with the homeless crisis in New York, you know there, there are certainly going to have a negative impact on the good work that you've heard about today that other agencies are undertaking to try and ensure that people get the treatment that they need and we can reduce the, the levels of, of death that we're seeing as a result of the opioid crisis. Thank you.

JODY RUDIN: Good afternoon Chairs, thank you for pulling together this hearing and thank you very much for your leadership. My name is Jody Rudin and I'm the Chief Operating Officer from the Project Renewal and its an honor to be here to testify today. Project Renewal is a 50-year-old comprehensive homeless services organization, we serve 16,000 individuals annually and I'm going to read this and can get through it relatively quickly I promise.

Project Renewal's health care services include primarily oral and… primary care and oral health along with a range of behavioral health services such as psychiatry and addiction treatment including Medicaid… medication assisted treatment such as Suboxone. These services are provided across multiple settings in our shelters and our article 28 federally qualified health clinics and in our three Oasis licensed programs, our 16 housing programs include a mix of shelters, transitional and permanent housing, we run seven DHS contracted shelters with a total of 942 beds, all seven of our shelters have a significant number of people struggling with addiction, two of our shelters are specially designated for folks with substance use disorders. As part of Project Renewal's commitment to provide high quality care and manage risk we maintain robust systems for incident response reporting, investigation and review. In June 2017 we began tracking internal incidents involving the administration of Narcan by shelter staff, over the six… first seven months of Fiscal Year '18 we had 34 instances of Narcan administration which was double the number compared to the last seven months of FY

’17 which had 17 instances, in only instance the use of Narcan did not result in an overdose reversal. The use of Narcan in shelters has risen sharply over the last two months, eight instances in December and ten in January effectively tripling the number of times Narcan was administered. Project Renewal has responded to the rising risk of opioid related deaths with an enhanced initiative to provide staff and client training in Narcan in the first seven months of FY ’18, we trained 158 staff and 319 clients, in the last seven months of FY ’17 we trained 236 staff and 79 clients, over the last ten years… over the last year ten clients have reported administering Narcan to their friends who were also incorporating Narcan training and orientation for all new Project Renewal employees and we have commitments now from our contracted security vendors that they too are going to do trainings for the guards posted at our sites. In order to ensure that these life savings measures maintain the highest priority particularly within our shelters we’ve designated a staff person at each site to serve as a champion and we’re identifying resources to build the infrastructure to support this program including data collection,

report submission, inventory tracking, ordering and trainings for staff and clients, the routine overdoses occurring in our shelters and the role of our staff in saving lives have raised many questions about what shelters should look like in the context of the opioid crisis, many of our shelter staff some of whom are entry level workers have suddenly found themselves at ground zero of the opioid crisis and are routinely in the position of saving lives or grappling with questions related to staff counseling, reviewing physical environments of our facilities to ensure that shelters are designated to allow for rapid response on the part of our staff specifically in bathrooms making sure… because that's where our overdoses happen, making sure they're configured in a way that we can respond quickly. We're also dealing with the philosophical question of drug use in shelters and the lack of safe places to do so throughout the city. Historically there's been a zero-tolerance policy related to drug use in shelters however if the goal is to save lives it makes sense to consider a more flexible approach to minimize the risk to clients who may otherwise overdose in locations where they are less likely to be found and

saved. In order to have this conversation in a meaningful way we need to have it alongside our funders and partners and government to help formulate the policy towards this and we recommend a joint task force be convened with homeless service providers and relevant agencies.

JASMINE BUDNELLA: Hello, I'm Jasmine Budnella from Vocal New York. First, I want to thank the council for allowing me this opportunity to testify. The thanks comes not just from me but the members and leaders of Vocal New York, we are a grassroots organization that's dedicated to ending the failed war on drugs, ending mass incarceration, homelessness, the AIDS epidemic and AIDS epidemic here in New York. I won't waste time talking about the scale of this crisis we're in because sadly we all know, and I've gone over a lot of the numbers today. I want to start first with some positive steps taken by this council and how they could be strengthened. Going from study to… going from studying to funding the safer consumption spaces. Over a year ago the council allocated 100,000 dollars to do a feasibility study on creating some safer consumption spaces in New York City. These facilities

are well studied proven health interventions, major news sources across the country are showing support for them and editorial pages most recently the New York Times on Sunday and San Francisco, Seattle, Philadelphia and Ithica have all taken action to, to more forward on this public health intervention. The council took the right step in funding this study and thank you Council Member Levin for calling that out. We now need the council's leadership again to allocate funding or take legislative action to move New York City forward with creating these facilities. Going to Local Law 225 or 1443, for this legislation to be successful the Department of Social Services needs adequate funding, we need the council to urge the city hall to put forward that funding. Next, I want to speak about the bill discussed today, we want to applaud the council for taking action to tackle the opioid over… or the opioid overdose crisis but we urge this body to look past Naloxone and begin to look at other effective public health interventions many of which have… were mentioned today with Buprenorphine. To, to be clear we know that the focus on, on Naloxone is not the fault of city council members, its our job as harm reduction and public

health community to provide you with additional solutions which is what I want I want to begin doing today in a minute. So, we've talked really great about expanding access to Buprenorphine and echoing Council Member Levin, city council should identify legislative and budget action to expand access Buprenorphine including increasing funding to the Department of Health and Mental Hygiene and the Department of Social Services to expand access to people struggling with opioid dependency. Expanding prearrest diversion programs, prearrest diversion programs are expanding across the country, these programs provide people struggling with chemical dependency services instead of arrest, these programs should be able… or should also be seen as tools for law enforcement, currently police are providing no alternative to arresting people even when we know that the person needs help not a jail cell. These programs are only effective when connected to adequate services and are truly prearrest. City council should look into legislation and budget action to expand access to prearrest diversion programs. In the last 30 seconds I wanted to focus on Healing NYC as a misallocation of city funds. Thank

you again for bringing this up today, over deaths are going up and never has there been proof that law enforcement is reducing drug use. In fact, the country with the most successful… that has the most success at reducing overdose deaths, incarceration and the cost to government has been Portugal where they have decriminalized drugs completely and money has been invested into care and treatment, this approach works. Sadly, with Healing NYC city hall allocated half of the funding to the NYPD, city council should urge city hall to expand funding of Department of Health… to the Department of Health and Mental Hygiene, DSS and other public health interventions. Thank you so much.

CHAIRPERSON LEVIN: I just want to thank you all for your… for all of your, your testimony and, and suggestions on concrete things that we can actually do and all of these are I think, you know kind of… what I'm seeing is a, you know a coalescing of, of ideas that I think are… you know I'm seeing the repeated themes in testimony and so I, I think that that's, that's good, I think that its… we have an opportunity. One of the reasons why I think we want to do this hearing in February as opposed to in

April was because, you know we have preliminary budget hearings coming up and we have an opportunity to have this, this conversation the context of our city's FY '19 budget which I think must happen and so all of… all of these suggestions I think are really important so in… you know in the absence of us through legislation and paneling task force because the… even if we were able to do that it would probably not until after the budget, I think we have an opportunity to have these conversations, you know now so I want to thank all of you for, for, for being here. Those of you that were at the meeting last week thank you for participating in that meeting, sorry Jody I'll have you at the next meeting. Jody I… one thing that you said in your testimony this… I just want to make sure that I'm, I'm, I'm understanding this correctly, your… the use, use of Narcan in, in Project Renewal shelters has risen sharply over the last two months… [cross-talk]

JODY RUDIN: Uh-huh… [cross-talk]

CHAIRPERSON LEVIN: …because that's what we were hearing from BronxWorks as well and then not… you know and then not hearing that from others and so

do you have a sense of like what's… are those in, in, in the Bronx or are they across the city?

JODY RUDIN: So, the two DHS shelters where… that are designated for clients with substance use happen to be in Lower Manhattan within… [cross-talk]

CHAIRPERSON LEVIN: Okay… [cross-talk]

JODY RUDIN: …Project Renewal doesn't, you know mean that they're not from or socialize in other boroughs…

CHAIRPERSON LEVIN: Right, might… and… I mean I'm just… I'm, I'm almost thinking about like where… how is, is it a… one of the thoughts that came to mind when, when talking to Scott around BronxWorks was… I don't know is it something around the actual heroine that's on the market in the Bronx but if, if this is happening in Lower Manhattan as well that's probably not… [cross-talk]

JODY RUDIN: Yeah… [cross-talk]

CHAIRPERSON LEVIN: …might not be the case.

JODY RUDIN: Yeah, I mean I think we're just seeing use go up and just a side note about Fentanyl we're hearing from our clients oh yeah give

us the strips, so we can confirm that there is Fentanyl for a better high so definitely cutting both ways.

CHAIRPERSON LEVIN: Right, right. As… you know as in… as counterintuitive as that may be.

JODY RUDIN: Yeah.

CHAIRPERSON LEVIN: Okay, so, so the alarm bells are going off for you guys as well?

JODY RUDIN: Definitely, it's become a way of daily life within our shelters and we're struggling mightily, you know, and I'll add that Project Renewal is I think one of the few sort of homeless services providers that's lucky to be comprehensive and to have our own federally qualified health centers embedded in… within three of our seven sites but even those are only as good as being able to have continuity of medical care and we're constantly at a disadvantage because I think providers generally speaking don't prefer to go into shelters as their settings to deliver medical care and we pay far less than our competitors in other settings and so it's hard to maintain continuity of medical staff, doctors, nurse practitioners,

etcetera, we're definitely at a competitive disadvantage.

CHAIRPERSON LEVIN: Because of the… because of the cost of reimbursement because they, they would be getting paid through a, a DHS contract?

JODY RUDIN: Yeah and… because we're just not… I mean we pay roughly a third less to our psychiatrists and to our primary care physicians than they would make in other settings.

CHAIRPERSON LEVIN: Uh-huh. Dr. Belkin was talking about with working with the plans, with the managed care plans to try to address at least on, on some of that does that… does that make sense or is that a way to address some of that cost reimbursement issue or is that not…

JODY RUDIN: Theoretically, yes but it… yeah, its, its an issue.

CHAIRPERSON LEVIN: Okay. Does any… and anyone else want to add to any of that or…

COUNCIL MEMBER AYALA: This is actually for Legal Aid do, do we happen to have the number of or an idea of what the number of arrests related to opioid, opioid related arrests at shelters, do we… do we know that, that number?

JOSH GOLDFEIN: People arrested actually at shelters?

COUNCIL MEMBER AYALA: Yeah.

JOSH GOLDFEIN: We could probably figure that out by comparing the charges to the, the arrest locations, the addresses but I think the… you know it's, its, it's something we would have to… [cross-talk]

COUNCIL MEMBER AYALA: Yeah… [cross-talk]

JOSH GOLDFEIN: …run the data on to discern that, we're not going to have a… there's not going to be a report out there that will tell you that, there are the critical incident reports that the city produces that would tell you, you know within them where, where arrests are.

COUNCIL MEMBER AYALA: Because I, I think we kind of tackled this issue when we were going through the synthetic marijuana debate, right? If you're, if you're… if you have enough on you that it could be considered for personal use, right, its different than if you're actually selling, if you have enough, right, if you're bringing in enough to sell to other shelter residents so, I don't know if there's a distinction that's made, is it… you know

they catch you with, you know a few pills are you, you know then cited a, a ticket or are you arrested, are you… you know I, I'm trying to kind of get a sense of how that looks like in the shelter system because I don't think that we have an accurate description of that.

JOSH GOLDFEIN: And, and I think that we also want to be sensitive to the concern that Commissioner Banks raised about trying to make sure that the shelters themselves are safe places for people, I mean we certainly have plenty of clients who say they're afraid to go to shelter because they don't feel safe there.

COUNCIL MEMBER AYALA: Yeah…

JOSH GOLDFEIN: So, we don't want to say that there shouldn't be any law enforcement presence in the shelter… [cross-talk]

COUNCIL MEMBER AYALA: No, no… [cross-talk]

JOSH GOLDFEIN: …but I think what we're talking about and what… a theme of this whole hearing has been that there needs to be a, a more sensitive approach to reaching people where they are and bringing them in… encouraging them to seek treatment

rather than using the criminal justice system to punish people because that's, that's not going to help them get treatment.

COUNCIL MEMBER AYALA: No, that's, that's, that's correct but there's a… there's a big difference between, you know a person that's selling drugs and a person that's taking drugs and so… [cross-talk]

JOSH GOLDFEIN: Absolutely… [cross-talk]

COUNCIL MEMBER AYALA: …if you're coming into, into the shelter system and you have a few pills on you and you know it just doesn't… it doesn't… I, I don't… I can't wrap my head around, you know a person like that being arrested and so I'm trying to gather the, the number so that I better… I have a better understanding of that and, and this might seem like a really funny question but it isn't, right, so we know, I know in my district that I see a lot of activity, drug activity happening in the local bathroom and we know that, you know this is exactly where people are overdosing not necessarily at McDonalds but in bathrooms so I wonder has there been a conversation with local businesses specifically McDonalds which seem for some reason that I

understand to attract individuals who maybe want to shoot up in a bathroom?

JASMINE BUDNELLA: I Think there is conversation with business owners about how to move forward but I think the ultimate like ultimate solution is safer consumption services, you know and its like it, it doesn't really make sense to ask McDonalds to be like hey you can't do it here because the other people are going to go elsewhere but if we had a place where people could inject, where they could, you know do what they need to do and then if they are going to overdose in a bathroom it's a space that they won't over, overdose, no one has ever died… [clears throat] excuse me… in a safer consumption space across the whole U.S… or across the whole world and there's over 100 locations throughout 66 countries so I think the McDonalds isn't necessarily the issue, the issue is like how do we be more innovative with our conversation… [cross-talk]

COUNCIL MEMBER AYALA: No… [cross-talk]

JASMINE BUDNELLA: …around… [cross-talk]

COUNCIL MEMBER AYALA: …understood and I completely agree but I wonder in the interim while we're having the discussion, while we're waiting for

the study to come in and we're training everybody that'll listen, right and that's willing to be trained are we having a conversation with individuals in these businesses where we know that this is a common practice? I don't know… you know I don't know that you know the answer to that but…

JOSH GOLDFEIN: I mean motion detectors is another way that could be used without necessarily invading people's privacy but to alert that someone has gone into a space and then stayed there for longer than you would otherwise expect as a possible indicator that they're in distress.

COUNCIL MEMBER AYALA: Okay.

JASMINE BUDNELLA: And I think… one last thing on that topic I think the tough part is having the conversation with somebody at McDonalds and changing their bathrooms to be more accessible to an overdose and then train everybody at McDonalds on overdose prevention seems like there's a whole different conversation that we could save the time on that and the interim of the study… [cross-talk]

COUNCIL MEMBER AYALA: Yes, yes… [cross-talk]

JASMINE BUDNELLA: …is… I think it's like how do we get the study released, you know… [cross-talk]

COUNCIL MEMBER AYALA: Yeah, yeah, yes.

CHAIRPERSON LEVIN: I think they said that it was going to be released.

COUNCIL MEMBER AYALA: Soon, soon, the… its soon.

CHAIRPERSON LEVIN: So… [cross-talk]

COUNCIL MEMBER AYALA: I think I had another question, I just have one question. So, we're, we're training professionals how, how, how readily are we making Naloxone available to family members, I mean just regular people?

JASMINE BUDNELLA: Yeah, so you can pick up Naloxone at a pharmacy so you… any pharmacy go in and pick up Naloxone, there's actually endcap which is… you can pick up one Naloxone if you don't have insurance or I think its through Medicaid, right, through Medicaid so then the cost is, is way less. At any syringe exchange program, you can pick up Naloxone so like Naloxone is very well around the city and accessible.

COUNCIL MEMBER AYALA: How do I as an individual know to go there like I think that that's kind of where… you know the… I'm a little bit kind of frustrated with the outreach efforts and the public awareness campaign, you know part of this whole conversation is that unless you're connected, unless you're, you know involved with a provider you necessarily don't have, you know all of the information that you would need so if my brother was, you know was using and he happen to come to my house quite often and… how, how do I as a sister, as a… I mean the, the, the city gave us this beautiful package of people that saves lives, right but it seems to me like most of these people are connected in some way, they, they went to some sort of training how does a regular person, how does your grandmother, your mother get access to this is, you know they just don't know like what, what, what are we doing around that, how can we be helpful?

JASMINE BUDNELLA: Yes, the Department of Health and Mental Hygiene does a lot of public ad campaigns so I've… just even coming here on the subway there was like a campaign of one of our members and leaders saying like I saved a life and

that's just on the subway so like there's quite a bit that the Department of Health and Mental Hygiene does around just overall public awareness campaigns specifically geared towards Naloxone, I haven't… I think there's been like a few times on the trains where I haven't seen it to be honest and they also have like a great extensive website like if you go on there and you're like hey I am a… an aunt or a grandmother like I'd be interested in getting Naloxone and it tells you where all of the places you can get it. To get trained there's different trainings throughout the city, multiple different times, you can get trained at any syringe exchange program and then by getting trained then you can just pick up Naloxone and go from there, I don't know if that fully answers your question but… [cross-talk]

COUNCIL MEMBER AYALA: No, I mean I think I, I know that they, they're, they're making a big effort to try to get information out there I just don't think that its getting to everyone and it's not getting to a lot of people that really need it. I, I mean I attend a lot of meetings, a lot of… a lot of meetings, I go to residential presentations, precinct council meetings, no one is talking about this in my

community but yet two… you know the South Bronx and the East Harlem part of my districts are both, you know one of the highest use and so there's a disconnect somewhere for me and again this was… this was also the case when we were going through the synthetic marijuana, right, all of the providers knew if you went into a local shelter they knew exactly what it was, where you can get it, what the chemical composition was but yet I'm walking around with little packages and I'm finding and I'm talking to grandmothers and mothers and they had no idea what this product was and so for me its… you know I mean if we're going to educate the public then we need to educate everyone and that includes family members that happen to have, you know issues in their own households and you know so…

JASMINE BUDNELLA: And I think it's really great that you're on this right here and we're talking about this because your leadership is already a step in moving towards public education as well.

COUNCIL MEMBER AYALA: Thank you.

GISELLE ROUTHIER: And I just want to mention one quick thing too that I can't necessarily speak to the education of the… in the broader

community but in several of our meetings with DHS where we're pushing the issue of training residents of shelters they, they have said that they've prioritized the training of adult families because those families are often placed in their own units and therefor are not really visible by staff walking through the facility and so that they thought that that was a priority to make sure that, you know if an individual is, is part of a couple and they're in their own unit both of those people are trained just in case something happens behind closed doors and staff can't, can't get to them so we thought that that was certainly appropriate and should be expanded in the… in the best way possible.

CHAIRPERSON LEVIN: Thank you all so much for your testimony. The final panel; Anya Van and I'm sorry, I'm going to have a hard time with the… Wagten, Wagtenda; Jordan Rosenthal from Boom Health; Kassandra Frederique from Drug Policy Alliance. Whoever wants to lead, yeah. We're ready.

JORDAN ROSENTHAL: There we go. Okay, so Boom Health is a community-based non-profit in the Bronx and we are a harm reduction facility specifically the location in the South Bronx is a

harm reduction center which would be a place where we would like to see safer consumption spaces. Basically, I'm going to just jump right in, the everyday reality for individuals experience addiction in housing and stability is not easy. For many of them their primary focus is survival and they're constantly facing stigma and being ostracized by society, this is really damaging to our self esteem and kind of fuels someone's feelings for wanting to numb the pain. Studies have shown that individuals with drug use disorders are at an increased risk of homelessness and homelessness has been linked to subsequent increases of drug use including injection related risk behaviors. Earlier we kept on hearing how people were using drugs and that's what made them homeless, that's not always the case, sometimes people are homeless and because they're in desperation they turn to drugs, it's not a one-sided situation. Researchers in Boston and Philadelphia have conducted large scale studies that have shown housing instabilities already a major risk factor in death and then adding drug overdose on top of that its making them even more vulnerable. One of the greatest predicators of death is unobserved overdose

and individuals who are street homeless are at greatest risk because they're forced to use in these public and semi-public spaces. A survey conducted by the injection drug user's health alliance, IDUHA, found that individuals who are street homeless were 9.2 times more likely to report injecting drugs in a street or park and 8.2 times more likely to inject in a public bathroom. This survey also found that those who inject in public and semi-public spaces are twice as likely to have overdosed in the past year compared to those injecting in private residences and harm reduction participants who reported injecting in public spaces were 62 percent more likely to have witnessed an overdose in the past year. We had a lot of conversation before hearing from people about connecting individuals who are in shelter with services, we need to be connecting people who are living out on the street with services. These are people who come to places like the Boom Health drop in center every day. This is where they have those relationships, we've heard also that when people are ready for treatment and ready to go into recovery its on their time to find it's not on ours, having these places where you already build that relationship and

repertoire and they're coming in its easier to connect people to services, this is their daily community or… this is their family. It just makes sense to implement safer consumption spaces because these are where the best relationships and the strongest relationships are, these are where people go to not feel judged. Staff and harm reduction are trained to meet people where they are in a non-judgmental and non-cohesive manner, we can't force people into treatment, we have to meet them on their terms and that means having that constant relationship and there's no way to really have that unless we have safer consumption spaces. I kind of was going on for a lot of this but you know what I'm just going guild my time because we've had a really long day so thank you so much for your time and support and Kassandra's going to take us home.

KASSANDRA FREDERIQUE: So, Kassandra Frederique, Drug Policy Alliance, the State Director for New York. Thank you so much for having us here. Obviously, we support safer consumption spaces but I'm also going to talk about some of the other issues that I think are important. So, access to permanent and affordable housing is a critical component of

maintaining housing stability of people actively engaged in drug use and those in recovery. Homelessness and unstable, unstable housing often concur with substance use disorder. Indeed, drug use can contribute to homelessness as a result of policies and practices that force people who use drugs out of their homes. Alternative forms of transitional or supportive housing have emerged to meet the needs of people who use drugs and who experience chronic homelessness. However, several of those… some of those program mandate low threshold… sorry, some of those programs mandate abstinence as a condition of housing, those who cannot comply find themselves homeless again. In particular while Governor Cuomo has committed ten billion dollars to affordable housing units throughout the state and Mayor De Blasio has pledged to create 15,000 units of supportive housing over the next 15 years homeless single adults with a substance use disorder cannot access this housing unless they complete a course of treatment and demonstrate that they need housing to sustain abstinence. If we know people need to be housed then we should house people, we don't need to give people additional barriers to meet what we feel

is necessary for them to be housed. Further those who are in recovery and lack housing are vulnerable to exploitation in the form of unregulated three-quarter housing which has proliferated in the absence of permanent housing to meet the growing need of New York's homeless population. Three quarter housing are privately operated, for-profit family homes or apartment buildings that rent beds to single adults and were developed in New York City to contend with the housing shortages particularly for vulnerable residents. Exploitative and dangerous housing practices within the three-quarter housing units is widespread and well documented. In order to maximize profits property owners pack tenants into small rooms far exceeding the appropriate occupancy, routine maintenance is neglected, and the units are often plagued by infestation of bed bugs and vermin. So, this is… goes to the fact that people that use drugs deserve dignity and respect and the housing should reflect that as well and often times because this market is very unregulated it leads people to going back out on the street and being unsheltered when they might have had housing. Without access to stable housing people who use drugs can find themselves

caught in the cycle of repeat incarceration and dependency on emergency medical services. Without significant reform of housing policy both within the public and private sector we will continue to be stuck in a vicious cycle, people who use drugs cannot secure housing because of their substance use and yet without housing they will not be able to adequately address the risk or harms of their substance use. So, some things that I think would be super helpful that we have not talked about already is support the housing needs of people just released from jail or prison, increase access to low barrier supportive housing and end reliance on three quarter housing and shelters, support the housing needs of people discharged from Oasis in patient treatment facilities, these are all things that haven't been brought up before in addition to safer consumption spaces but some of the things that I wanted to talk about is when we talk about people have use, used the term interchangeably supervised injection facilities and safer consumption, we use safer consumption because people use drugs… more drugs than just opioids so people that are using heroine are also smoking crack and if we're going to create a place

where people can use drugs under medical supervision we should leave the room open for people to use other drugs outside of intravenous drug use… drugs. So, that's super important and then I think what's also really important for us to continue to educate is that law enforcement doesn't equal safety and I think that has been a conversation that we've had multiple times, so I'm really disturbed to hear that people are getting searched as they enter into our homeless shelters. I recognize that there's a conversation around safety and I think we can achieve that with cooperation of people that are in those services, service providers without needing law enforcement because if we want people to use shelters we can't increase another barrier for them to feel like this is not a place that they can enter.

COUNCIL MEMBER AYALA: I, I think that, that… no, I, I completely agree, it's a… its, its very… its tricky, right… [cross-talk]

KASSANDRA FREDERIQUE: Uh-huh… [cross-talk]

COUNCIL MEMBER AYALA: We've had incidences, I know in my district where we had a, a gentleman that was murdered… [cross-talk]

KASSANDRA FREDERIQUE: Yeah… [cross-talk]

COUNCIL MEMBER AYALA: …at, at one of our sites and so I think that kind of precipitated that conversation about law enforcement in the shelters and so you, you want to kind of balance the two out but I am actually a fan of yours Kassandra, I've seen you in action talking about the, the safe injection facilities and I appreciate, you know the support, I think that there's a lot of stigma around those as well… [cross-talk]

KASSANDRA FREDERIQUE: Yeah… [cross-talk]

COUNCIL MEMBER AYALA: …and so there's a lot of fear, I know in my community about introducing yet another program… [cross-talk]

KASSANDRA FREDERIQUE: Uh-huh… [cross-talk]

COUNCIL MEMBER AYALA: …because its… you know it… [cross-talk]

KASSANDRA FREDERIQUE: Yeah… [cross-talk]

COUNCIL MEMBER AYALA: …considered another program so I, I, I don't know that, you know the idea of, you know creating a new facility as opposed to maybe enhancing the services in existing, you know programs is, is… I think is a better option,

I think it's something that people can kind of live with while, while we pilot this and show, you know in numbers that is an effective method of treatment, but I thank you also for cheerleading in the back, I saw you.

KASSANDRA FREDERIQUE: Yeah, well, well I would say that that's mostly what we've been advocating for is to let people that are already working with people use drugs to enhance their services to do it so that we're not… I don't think we should eliminate the option of creating new standalone spaces, but I think because the numbers are so high and we… [cross-talk]

COUNCIL MEMBER AYALA: Yes… [cross-talk]

KASSANDRA FREDERIQUE: …need to get this up and running that we should work with the people that are doing that… [cross-talk]

COUNCIL MEMBER AYALA: That are doing the work… [cross-talk]

KASSANDRA FREDERIQUE: …the homeless shelters, syringe exchanges, Methadone clinics.

JORDAN ROSENTHAL: We actually have a mock SIF in our harm reduction center… [cross-talk]

KASSANDRA FREDERIQUE: Yeah… [cross-talk]

JORDAN ROSENTHAL: …and its in a room like its ready to go, we want to start using it and even put more in there and the idea is to have them in harm reduction centers so you're not like creating extra infrastructure, its seamless, no one would really know the difference except the people who are utilizing the services… [cross-talk]

KASSANDRA FREDERIQUE: Right… [cross-talk]

JORDAN ROSENTHAL: …and going back to what we were saying before the importance of wraparound services. In the facility that I work in not only can people take a shower, three hot meals a day, wash their clothes they can see a doctor, get their meds filled and go to therapy, not like therapy but like support groups, you know so the idea of having that all in one space is so important.

KASSANDRA FREDERIQUE: Yeah, I would strongly suggest that the council visit Boom Health to see what it looks like.

COUNCIL MEMBER AYALA: No, I, I plan to visit it, it's in my district.

JORDAN ROSENTHAL: Yeah, try to get Salamanca to come too.

KASSANDRA FREDERIQUE: One of the things… one of the things that I would also say that I didn't… I ran out of time was that when we're talking about the homeless population often times when we're talking about the opioid crisis we are not talking about pregnant women and we're not… or pregnant people and we're not talking about people with children so often times those two conditions being a parent and expecting eliminate them from the conversation around harm reduction because people have very strong feelings and I think the… that the science and the evidence is on our side when we say that we cannot not deal with people that are parenting and that our support… that there are distinct supports that those people need, those that have children and those that are pregnant at the time to access services and that's something that I don't think our shelters have really wrapped their heads around in terms to this particular population.

COUNCIL MEMBER AYALA: Good point, that's why I'm a fan you see…

JORDAN ROSENTHAL: Yeah and… [cross-talk]

KASSANDRA FREDERIQUE: Oh sorry… [cross-talk]

JORDAN ROSENTHAL: I was going to say I actually used to live in Seattle and there are low barrier shelters there and although drugs are not included in technically low barrier shelters and its more so alcohol, drugs are used and the outcomes of those spaces are so dramatic and that people can actually when they're ready for recovery its there and they're not like pretty fun places to be, its not you know lavish, you walk in, in the front… like the first floor and a stench hits you, do you know what I mean but like its, it works, there's no reason for us not to be having them here. Seattle's not that progressive, we're more progressive than that like we need to show them.

KASSANDRA FREDERIQUE: And I just… sorry, I'm just… I wrote down your questions that you were asking other people and so I just want to give you the answer. So, I think you asked about public education and I think that you're absolutely right, we talk to the people that already know what we're talking about and I think part of that responsibility is not on the service providers I think part of it is also on elected and I think one of the things that we've done is do borough wide delegations to do

information and to talk to elected about how to move the conversation within communities so doing Town Halls or doing knock on doors, we're working currently on a house party model where that grandmother she like calls you and is like we want to talk about overdose because I think my son is using that you could call like active… advocates in New York and be like… and we could do like a Tupperware… I don't know if people remember that but Tupperware or Avon parties where we can come and talk to them and let them know where they can find like Methadone or Buprenorphine or where a harm reduction agency is or where an abstinence only recovery treatment facility is and that's something that we're willing to work with the council on. We… last… two years ago we did a harm reduction tour where we invited your colleagues to the different boroughs where we talked about harm reduction and ways that they could take advantage of advocates, it was not that well attended by council members, but we're open to doing it again but only if people are going to show up. So, that's super important and you can also ask Healing NYC to give the 70 million dollars that they gave to NYPD to invest in public education and then lastly your point

that… Council Member about race and the opioid crisis is one that I've been talking about since 2014 and the thing is, is that its very true and that its part of the reason why when I consistently go to the community events that you've seen me at and people will always say like we are only here because white people are dying and the thing that I consistently say as a black woman that… a black Haitian woman that grew up here in New York City is that we can't throw the baby out with the bathwater because what you heard Gary Belkin say is that overdose went up 85 percent among black New Yorkers and in 2015 in the Bronx it went up 51 percent among Latinos and so I think part of the conversation is that the media is shaping the way that we see this and I think we talk about it a lot but you know we're like little activists that people swat down and so I think for us we're really interested in seeing elected officials of color have this conversation, elected officials of color need to increase their capacity in education around harm reduction and overdose especially when we think about who were the elected that took the biggest risk when we were in the HIV/AIDS crisis, it was Mayor Dinkins that opened a syringe exchange and

bowed to the pressure after all this stuff but I was Mayor Dinkins, it was Almont, it was Joyce Rivera like there's such a strong history of Puerto Rican harm reductionists in New York City that pushed us to this place, there… you know when you're thinking about in the Bronx Lincoln Hospital how the young lords and the black panthers took it over in the heroine crisis in the 50's, 60's, and 70's to give people access to detox, right, to do acupuncture, to give people supports like this is our history and I think… I think that this a moment for us to do multiracial organizing but I also think it's an opportunity for us to disrupt the way that the drug war has been shaped and that's why it's so important for us to move from having conversations solely about opioids and also talking about stimulants because people are still using crack and we're not having that conversation and we're not building the capacity for compassion for people that use other drugs that are not over… all over the newspapers right now. And I'm very open to working with the council to have that conversation and curating that. If you go to our website, www dot color of pain dot org we've already launched a campaign on that and we held a conference

in 2016 called White Faces Black Lives, Race Reparative Justice in the era of the War on Drugs.

COUNCIL MEMBER AYALA: Thank you so much Kassandra and I, I… listen, I volunteer my, myself and district, you know if you want to pilot something there, you want to start a movement, I mean I'm known as the K2 lady in my district and it was really because is coerced DOHMH into creating this ugly flyer for me that I went from meeting to meeting, you know educating my community about and so it didn't matter that it was in the trains, I mean it's nice… I don't take the train, you know and so I… [cross-talk]

KASSANDRA FREDERIQUE: Yeah, people walking… [cross-talk]

COUNCIL MEMBER AYALA: …and so I never see it… [cross-talk]

KASSANDRA FREDERIQUE: Yeah… [cross-talk]

COUNCIL MEMBER AYALA: …why aren't we, we are putting it at the local clinic, right, where you know… [cross-talk]

KASSANDRA FREDERIQUE: The Bodega like… [cross-talk]

COUNCIL MEMBER AYALA: …people are standing there and the bodega and the pharmacies, I

mean in, in practical locations and so… that's really where, you know… [cross-talk]

KASSANDRA FREDERIQUE: The laundromat… [cross-talk]

COUNCIL MEMBER AYALA: …I was trying to kind of steer that conversation… [cross-talk]

KASSANDRA FREDERIQUE: Where people go, the supermarket… [cross-talk]

COUNCIL MEMBER AYALA: That's right… that's right and so you know I appreciate that and again you know I would love to work with you to kind of you know maybe start some of that work, you know in my district… [cross-talk]

KASSANDRA FREDERIQUE: Yeah… [cross-talk]

COUNCIL MEMBER AYALA: …where I know that we have some of the highest numbers of opioid use both in East Harlem and the South Bronx and to see how we, you know reshape the way that we provide services and our thinking outside of the box and also, you know educating the community on the importance of having these injection facilities.

KASSANDRA FREDERIQUE: Yeah and we'd love to talk to you about… [cross-talk]

COUNCIL MEMBER AYALA: Okay… [cross-talk]

KASSANDRA FREDERIQUE: …Methadone because I know that's a big issue… [cross-talk]

COUNCIL MEMBER AYALA: Perfect… [cross-talk]

KASSANDRA FREDERIQUE: …for you.

COUNCIL MEMBER AYALA: Thank you.

JORDAN ROSENTHAL: Thank you.

CHAIRPERSON LEVIN: Thank you both for that amazing testimony, no, no you can… go here. So, I want to thank everybody for, for, for being here for staying for so long, I want to… I want… I forgot to acknowledge Lynn Schulman who was… who was helpful also in preparing for this hearing today. I want to thank our Sergeants at Arms for, for, for putting this altogether and for being here for four hours and all committee staff that worked on this and, and lastly, I want to give a congratulation to my Co-chair Council Member Diana Ayala for her first hearing, chairing here in the New York City Council so congratulations…

[applause]

COUNCIL MEMBER AYALA: Thank you… [cross-talk]

CHAIRPERSON LEVIN: …to Diana and you can gavel out, you got to gavel.

COUNCIL MEMBER AYALA: Oh, oh.

[gavel]

C E R T I F I C A T E

World Wide Dictation certifies that the foregoing transcript is a true and accurate record of the proceedings. We further certify that there is no relation to any of the parties to this action by blood or marriage, and that there is interest in the outcome of this matter.

Date March 14, 2018